

# NICH

National Initiative for Children's Healthcare Quality

## Biographical Data Form

Please complete and return the following

Planner ?  
 Presenter

Name and Degree:	EDWARD F. DONOVAN, M.D.		
Preferred Address:	3333 BURNET AVE, ML 7014		
	(Street)	CINCINNATI, OH 45229-3039	
	(City, State, Zip)		
Preferred Telephone:	513-636-0182	E-mail Address:	edward.donovan@cchmc.org
Present Position:	Professor of Clinical Pediatrics, Cincinnati Children's Hospital		
	(Title and Employer)		

Education (include basic preparation through highest degree held)			
Degree	Institution (Name, City, State)	Major Area of Study	Year
BA	STANFORD U.	PSYCHOLOGY	1967
MD	UCLA	MED	1971

Use the space below to provide a brief bio describing professional experience or areas of expertise related to involvement in continuing education and particular role, e.g., planner, presenter, administrator, etc.

Neonatologist  
 Population health research  
 Member, Child Policy Research Center, CCHMC