

Independent Facilitator Biography Form

1. **Name:** Jacquelyn Perkins, MSN, RN-BC, CCM
2. **Phone Number(s)**
 - a. Work: 248-991-0155
 - b. Cell: 248-914-0815
3. **Email Address:** jackie@transitions casemanagement.com



4. **Organizational Membership or Affiliations:**
Rehabilitation Insurance Nurse Council
American Nurses Association
Case management Society of America – Regional & National

5. **Specific areas of expertise:**
Nursing, Case Management, Interdisciplinary Team Meetings, Case Conferences

6. What unique attributes do you bring to your role as an independent facilitator?

My unique attributes include 44 years as a RN, in addition to 25 years as a case manager. My current role as a Nurse Coaching Advisor allows me to train and educate clinical staff. In my role as case manager, I was involved in years of being a member of Interdisciplinary Team meetings.

7. Why do you want to serve as an Independent Facilitator?

My desire as an Independent Facilitator is to assist individuals to obtain their personal goals and live their best life.

8. Accommodations

- a. Are you fluent in languages other than English? YES NO
- b. Do you need any accommodations to facilitate your role as a Facilitator? YES NO

9. Times of day and geographic locations for which you are available to facilitate:

Detroit Metro Area, Monday through Friday from 9am- 5pm

- 10. Virtual Facilitation: Do you have a computer, tablet, or smartphone with internet access?** YES NO

Level of Competency: I (Trained)

Level 1: Independent Facilitator has completed the Independent Facilitator training provided by the Michigan Developmental Disabilities Institute at Wayne State University.