

CURRICULUM VITAE

PERSONAL INFORMATION

Name Last Fontenot	First Cameron	Middle Initial	
Work Address 855 E Lavaca	City Beaumont	State Texas	ZIP 77710
Work Phone	Work Email Address ccfontenot@lit.edu		

EDUCATION *(List Highest Degree First)*

Institution	Major	Degree	Year
Walden University	Nursing	MS	2023
Lamar University	Nursing	BS	2017

CERTIFICATION AND LICENSURE

RN license, Texas Board of Nursing	
APRN-CNP license Texas Board of Nursing	

RELEVANT PROFESSIONAL EXPERIENCE *(List current primary position first.)*

Employer	Position	Department	Date

PROFESSIONAL MEMBERSHIPS/MAJOR COMMITTEES *(Last 5 years)*

Organization	Officer (if applicable)	Date

CONFERENCE PRESENTATIONS *(Last 5 years)*

Conference Name	Title of Presentation	Date

COMMUNITY SERVICE *(Last 5 years)*

HONORS AND AWARDS

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OTHER MAJOR PROFESSIONAL DEVELOPMENT *(Up to 5 activities)*

Title	Type of Activity	Date(s)