



# Trauma Systems Advisory Board Application

This form is for appointment qualification and article information for appointees. Please attach a biography or resume to this form if available.

## Personal Information

Name (First, MI, Last) \_\_\_\_\_

Residence Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Education

Educational institutions attended excluding high school:

School	Location	Dates	Major/Degree

## Employment

Statute requires some board appointees meet specific employment criteria. List employment beginning with most recent experiences. A resume or additional information is optional.

Employer	Location	Dates

Are you a(n):      **First Responder**      **EMT**      **EMT-I**      **Nurse**      **Paramedic**      **Physician's Assistant**  
                          **Practitioner**      **Physician**      **Other:**

**Additional Information**

Please list additional information including honors, awards, organizations, associations, boards or commissions you serve(d) on:

Areas of interest (limit two):

- Burns**                      **Consumer**              **Data Collection**              **Designation**              **Hospital**
- Out-of-Hospital**              **Pediatrics**              **Prevention**              **Public Information**              **Quality Assurance**
- Rehabilitation**              **Training**              **Triage/Transport**              **Vehicles/Equipment**

**Important: Please list what position you are applying for. Check all board appointments for which you are applying. If willing to serve on either statewide or regional boards, please indicate by 1 and 2 (order of preference).**

	<b>Statewide Trauma Advisory Board</b>				
	<b>Statewide Medical Director</b>				
	<b>Regional Medical Director (please indicate)</b>	<b>Region 1</b>	<b>Region 2</b>	<b>Region 3</b>	<b>Region 4</b>

**References:**

<b>Name</b>	<b>Phone</b>	<b>Email</b>

**As a citizen of the United States and a resident of the State of Nebraska, I will accept appointment if selected by the Director of Public Health and if appointed, I pledge my best efforts as an appointee.**

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**Printed Name**

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**Signature**

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**Date**

**Submit application to: Tonja Bohling, Administrative Technician**

**Email: [Tonja.Bohling@nebraska.gov](mailto:Tonja.Bohling@nebraska.gov)**

**Fax: 402-742-1140**