

**DHHS LICENSURE UNIT**  
**Board Member Data Sheet**  
dhhs.ne.gov/licensure

Board of \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last License Type(s)

**Public/Website Contact Information**

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**Private/Confidential Contact Information**

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

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

**State Agency Name** (if employed by State of Nebraska)

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