APPLICATION FOR APPOINTMENT
BOARD OF NURSING
(ADVANCED PRACTICE REGISTERED NURSE MEMBER)

PLEASE PRINT OR TYPE
Name:

_____ _____
First Middle Last Credentials (ie, PhD, etc., if applicable)

Mailing Address:

_____
Street/Box/RR

_____
City State Zip

Business Telephone _____ Cell/Pager _____ Residence Telephone _____

Email Address _____ FAX Number _____

Are you available to meet, usually in Lincoln, on a monthly basis, if necessary or required for Board Meetings? Yes ☐ No ☐

Please indicate how you became aware of this vacancy on this Board. Professional Association ☐ DHHS Web Page ☐
Newspaper ☐ Other ☐ (please explain)_____

ELIGIBILITY REQUIREMENTS

Do you hold a current Nebraska license to practice nursing? Yes ☐ No ☐ (Statutes require that board members shall have held and maintained an active license for a period of 5 years just prior to appointment and shall maintain the license while serving on the board.)

Do you hold a current Nebraska license to practice as an advanced practice registered nurse? Yes ☐ No ☐

Have you been actively engaged in the practice of nursing for the five (5) years just preceding this application? Yes ☐ No ☐ (Statutes require that board members shall have been actively engaged in practice for 5 years just preceding appointment and shall maintain such practice while serving on the board. Active practice means devoting a substantial portion of time to rendering professional services.)

Have you had at least five (5) years' experience as an advanced practice registered nurse? Yes ☐ No ☐

Are you currently employed as an advanced practice registered nurse? Yes ☐ No ☐

Provide the number of years you have been engaged in the practice of nursing _____

Have you been a resident of Nebraska Congressional District 1, 2, or 3 for at least one (1) year? Yes ☐ No ☐ (Statutes require every board member be a bona fide resident of the Nebraska congressional district from which appointed for a period of at least one year prior to appointment and shall remain a resident of Nebraska while serving as a board member.)

Please indicate the congressional district in which you are a resident.
Congressional District 1 ☐ Congressional District 2 ☐ Congressional District 3 ☐

Please indicate the type of care you provide with your current employment: Acute Care ☐ Long-Term Care ☐ Community-Based ☐
(Statutes that regulate the Board of Nursing provide for the State Board of Health to attempt to ensure that the membership of the Board of Nursing is representative of acute care, long-term care, and community-based care.)

EDUCATION

Degree/Specialty	School Name & Location	From	To	Completion Date

PLEASE COMPLETE REVERSE SIDE

DETAILED DESCRIPTION OF WORK EXPERIENCE AS AN ADVANCED PRACTICE REGISTERED NURSE WITHIN THE LAST FIVE YEARS IN NEBRASKA

Position Title	Name & Location	From	To	Average # of Hours/Week

ADDITIONAL INFORMATION

Describe your interest in this profession and why you wish to serve on this Board.

_____

_____

_____

_____

Are you aware of any reason why your appointment might be considered a conflict of interest as defined in Title 172 NAC 3, Regulations Establishing Definitions of Conflicts of Interest for Members of the Boards of Examiners in the Health Professions?
Yes ☐ No ☐ If yes, explain.

_____

_____

Have you ever had your statutory ability to practice or clinical privileges suspended or revoked? Yes ☐ No ☐

Are you currently under investigation? Yes ☐ No ☐

Are you a veteran of the U.S. Armed Forces, or National Guard? Yes ☐ No ☐

If yes, is your military experience related to your current practice? Yes ☐ No ☐

I swear and affirm that all information I have provided on this application is true and complete to the best of my knowledge.

_____ _____
Signature Date

Return completed Application to: Monica Gissler, State Board of Health,
DHHS, Division of Public Health, Licensure Unit, P.O. Box 95026, Lincoln, NE 68509-5026
402/471-6515; FAX 402/471-0383; Monica.gissler@Nebraska.gov