

**APPLICATION FOR APPOINTMENT  
BOARD OF NURSING  
(NURSING SERVICE ADMINISTRATOR MEMBER)**

**PLEASE PRINT OR TYPE**

**Name:** \_\_\_\_\_  
First Middle Last Credentials (ie, BSN, 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 members of the board shall have held and maintained an active license for a period of five years just preceding appointment and shall maintain such license while serving as a board member.)

Do you hold a current Nebraska license to practice as a 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 members of the board shall have been actively engaged in practice for a period of five years just preceding appointment and shall maintain such practice while serving as a board member. Active practice means devoting a substantial portion of time to rendering professional services.)

Have you had at least five (5) years' experience in nursing service administration? Yes  No

Are you currently employed in nursing service administration? 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 member of the board shall have been 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  District 2  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 IN NURSING SERVICE ADMINISTRATION WITHIN  
THE LAST FIVE YEARS IN NEBRASKA**

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

**ADDITIONAL INFORMATION**

Describe your interest in nursing 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/RPQI, P.O. Box 95026, Lincoln, NE 68509-5026  
402/471-6515; FAX 402/471-0383; Monica.gissler@nebraska.gov**