

**APPLICATION FOR APPOINTMENT TO THE
BOARD OF NURSING HOME ADMINISTRATIONS
(NONPROFIT HOME MEMBER)**

PLEASE PRINT OR TYPE

Name: First _____ Middle _____ Last _____

Credentials, i.e. PhD, RN, MS, etc. _____

Address: Street/Box/RR _____

City _____ State _____ Zip _____

Work Phone _____ Cell/Pager _____ Home Phone _____

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

How did you become 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 as a nursing home administrator? Yes No
(Statutes require the nursing home administrator member of the board shall have held and maintained an active nursing home administrator license for a period of five years just prior to appointment and shall maintain such license while serving as a board member.)

Have you been actively engaged in practice as a nursing home administrator for the five (5) years just preceding this application? Yes No (Statutes require the members of the board shall have been actively engaged in the practice of nursing home administration for a period of five years just prior to 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.)

Are you currently employed in the management, operation, or ownership of a nonprofit home for the aged or infirm or nursing home or hospital caring for chronically ill or infirm, aged patients in Nebraska? Yes No

How many years have you worked in the practice of nursing home administration? _____

Have you been a resident of the State of Nebraska for at least one (1) year? Yes No (Statutes require board members to be a Nebraska resident for one year prior to appointment, and remain a resident while serving.)

EDUCATION

School _____ Location _____

Degree/Specialty _____ Completed Date _____

School _____ Location _____

Degree/Specialty _____ Completed Date _____

(PLEASE COMPLETE REVERSE SIDE)

**WORK EXPERIENCE AS A NONPROFIT NURSING HOME ADMINISTRATOR
WITHIN THE LAST FIVE YEARS IN NEBRASKA**

Position Title	Name & Location	From	To	# 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

Have you interviewed before with the Board of Health Professional Boards Committee? Yes No If so, when _____

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

Signature

Date