



## Nebraska State Stroke Task Force Application

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

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

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

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

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

Are you a(n):

EMS Provider \_\_\_\_\_

Registered Nurse \_\_\_\_\_

Advanced Practice Provider \_\_\_\_\_

Physician \_\_\_\_\_ Specialty \_\_\_\_\_

Other, Please Explain: \_\_\_\_\_

Please check the task force position for which you are applying (reapplying).

\_\_\_ Comprehensive Stroke Center

\_\_\_ Thrombectomy Capable Stroke Center

\_\_\_ Primary Stroke Center

\_\_\_ Acute Stroke Ready Hospital

\_\_\_ Rural Hospital

\_\_\_ Rehabilitation Hospital

\_\_\_ Physician

\_\_\_ EMS/EMS Board Liaison

\_\_\_ American Stroke/Heart Association

\_\_\_ Nebraska Stroke Association

Please rank in order of preference (1) most preferable (3) least preferable the committee you would like to serve on:

\_\_\_ Clinical Committee

\_\_\_ EMS Committee

\_\_\_ Rehab Committee

\*committee assignment dependent on number of task force members to ensure there is no quorum.

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.

Printed Name

Signature

Date

Submit application to:

Becka Neumiller, Stroke Program Manager

Email: [becka.neumiller@nebraska.gov](mailto:becka.neumiller@nebraska.gov)