

APPLICATION FOR MEMBERSHIP
Credentialing Review: Technical Review Committee Pool

1. Name: _____
2. Address: _____

3. Phone Number: Work: _____ Home: _____
4. Email address: _____
5. Current Occupation: _____
6. Employer: _____
8. Identify any previous employment or volunteer activity in a health care occupation: _____

9. Identify any immediate family members who are or have been employed in a health care occupation and state their occupation: _____

10. Identify any previous service on boards, task forces, commissions, or committees: _____

11. Have you participated in any activity supporting or opposing any legislative bill proposing the credentialing or changing the scope of practice of a health occupation? If so, please describe your involvement. _____

12. Credentialing evaluation requires an intensive review of a large amount of material submitted by applicants and interested parties. It will also require attendance at three to five meetings and hearings usually held in Lincoln. As we work on making this process more efficient, we aim to have the Technical Review Committee portion of a Credentialing Review completed in three months or less. The timeline of each review is dependent on availability of TRC members to meet. Travel and

lodging expenses are reimbursable but no additional allowance or per diem is provided. I understand that submission of this application does not obligate me to accept an appointment if one is offered. If I do accept an appointment to a technical committee, I understand the time commitment and other conditions of this appointment as described above.

Signature _____

Date _____

This application will be retained by the Department of Health and Human Services for one year.

Please return this completed form to: Maggie Mills (Maggie.mills@nebraska.gov)