



Nevada State Board of Nursing Advisory Committee Application and Consent-to-Serve

Any nurse licensed in Nevada is invited to serve the Nevada State Board of Nursing through participation on any of its five advisory committees. Certified nursing assistants are invited to participate on the CNA Advisory and Disability Advisory Committees. Volunteers are appointed by the Board as needs are identified. In the appointment process, every effort is made to match the expertise of each individual with the needs of the Board of Nursing. Also considered is balanced representation, whenever possible, among geographical areas, and registered and licensed practical nurses and certified nursing assistants.

For further information please call the Board, toll-free, 1-888-590-6726.

Application

Applicants for Appointment to
Nevada State Board of Nursing Advisory Committees

Instructions

1. Complete application
2. Sign Consent-to-Serve
3. Attach resume

4. Mail to: Nevada State Board of Nursing
Attn: Executive Assistant
5011 Meadowood Mall Way #300
Reno, NV 89502-6547

Name _____ Telephone number (____) _____

Address _____

City, State, Zip _____

Present position _____ Telephone number (____) _____

Employer _____ Fax (____) _____

Address _____

City, State, Zip _____

Email address _____

Check committee(s) you would like to serve on. (Term length is three years.)
Committee descriptions are on the Board's website—nursingboard.state.nv.us

- Advanced Practice Advisory Committee
- CNA Advisory Committee
- Disability Advisory Committee
- Education Advisory Committee
- Nursing Practice Advisory Committee

Check appropriate category

- RN
- LPN
- CNA
- Other (Please specify)

Check appropriate response

I can attend

- 1 meeting per year
- 2 meetings per year
- 3 meetings per year
- 4 or more meetings per year

Are there any times in the year when you would be unable to attend meetings?

Please indicate any previously held positions on Board committees, tasks forces, or focus groups.

| Group name | Position | Dates of service |
|------------|----------|------------------|
| <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> |

Endorsement signature(s): All candidates must be endorsed by their employers (if applicable).

As the employer of _____ I support his/her appointment to the _____ Committee. My assessment is that this candidate has the knowledge, skill, and ability to contribute positively to the committee's work. I agree this candidate will be released to meet at regular intervals with the committee and to accomplish the required tasks.

Employer Signature

Title

For applicants to the Education Advisory Committee only:
Please attach a letter on your organization's letterhead from the chair/dean/director/executive of your organization stating that he/she supports your appointment to represent your organization on the Committee.

Please briefly describe why you're interested in serving on the committee(s) you've indicated and what you believe you can contribute to the committee(s).

Consent-to-Serve

Applicants for Appointment to
Nevada State Board of Nursing Advisory Committees

I hereby give my consent to have my name placed before the Nevada State Board of Nursing for consideration as a committee member and to serve in that capacity if appointed. I agree to actively participate in the work of the committee by regularly attending meetings; completing work assignments in a timely manner; treating fellow committee members in a cordial, professional manner; and actively identifying problems and working to resolve them. I also freely agree to refrain from publishing information related to my work on the committee or about the Board without the express written consent of the Board. I acknowledge that I am a volunteer and that the Nevada State Board of Nursing may only reimburse my travel expenses.

Name _____

Signature _____

Date _____

**Don't forget to attach your resume. Thank you for your interest in serving
on a Nevada State Board of Nursing Advisory Committee!**