



## **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?

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

Group name	Position	Dates of service
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**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.

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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.

