

**Nebraska Department of Health and Human Services
Division of Public Health, Licensure Unit**

Public Board Member Application Form

PLEASE PRINT OR TYPE

Name: First _____ M.I. _____ Last _____
Credentials, i.e. PhD, if applicable _____

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

Please indicate how you became aware of this vacancy on this Board. Professional Association
DHHS Web Page Newspaper Other (please explain) _____

ELIGIBILITY REQUIREMENTS

Please indicate the congressional district in which you are a resident: 1 2 3

Have you been a resident of your current congressional district for at least one year prior to this appointment? Yes
No Please specify how many consecutive years: _____ (Statutes require every board member shall have been a Nebraska resident for one year and shall remain a resident of Nebraska while serving as a board member.)

Are you at least nineteen (19) years of age? Yes No Date of Birth: _____

Have you held an active credential in any profession or business which is subject to the Uniform Credentialing Act, issued in Nebraska or in any other jurisdiction, at any time during the five (5) years prior to this application? Yes No If yes, please list the license type:

Are you applying for appointment to a board which regulates a profession or business in which you have held a credential? Yes No

Do you have a parent, child, spouse, or household member presently regulated by the board to which you are applying? Yes No If yes, please identify any immediate family or household members and their license type:

Are you or have you been, at any time during the year prior to application, an employee of a member of a profession credentialed by the Nebraska Department of Health & Human Services, of a facility credentialed pursuant to the Health Care Facility Licensure Act, or of a business credentialed pursuant to the Uniform Credentialing Act? Yes No

Do you have any material financial interest in the profession or business regulated by the board for which you are applying? Yes No

Are you a member or employee of the legislative or judicial branch of state government? Yes No

Please indicate your current and past involvement in community activities, including those related to health care:

PLEASE COMPLETE REVERSE SIDE

Please **C<9C?** which of the following Boards you would be interested in serving on as a public member:

- Advanced Practice Registered Nurses;
- Alcohol and Drug Counseling;
- Athletic Training;
- Audiology & Speech-Language Pathology;
- Chiropractic;
- Cosmetology, Electrology, Esthetics, Nail Technology, & Body Art;
- Dentistry;
- Funeral Directing and Embalming;
- Hearing Instrument Specialists;
- Massage Therapy;
- Medical Nutrition Therapy;
- Medical Radiography;
- Medicine and Surgery;
- Mental Health Practice;
- Nursing;
- Nursing Home Administration;
- Occupational Therapy;
- Optometry;
- Pharmacy;
- Physical Therapy;
- Physician Assistant Committee;
- Podiatry;
- Psychology;
- Registered Environmental Health Specialists;
- Respiratory Care;
- Veterinary Medicine & Surgery;
- NO PREFERENCE.

EDUCATION

Degree/Specialty	School Name & Location	From	To	Completion Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORK EXPERIENCE (List current or most recent position first)

Position Title	Name & Location	From	To	Avg # of Hours per Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

Describe your interest in serving as a public member and why you wish to serve on a Professional Licensing 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.

Are you under investigation for anything that would impact your ability to serve on a professional board? Yes No

Are you a veteran of the U.S. Armed Forces, or National Guard? Yes No

Have you interviewed with us before? Yes No

Have you served on a professional board? Yes No If yes, which board? _____

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 _____

**Return completed Application to: Monica Gissler, State Board of Health,
DHHS, Division of Public Health, Operations, P.O. Box 95026, Lincoln, NE 68509-5026
402/471-2948; FAX 402/472-8338; monica.gissler@nebraska.gov**