



APPLICATION FOR APPOINTMENT TO COMMITTEE

NORTH DAKOTA BOARD OF NURSING
SFN 59102 (10/19)

COMMITTEE OF INTEREST Please indicate the committee in which you are interested

<input type="checkbox"/> Nursing Education	<input type="checkbox"/> Program Monitoring	<input type="checkbox"/> Nursing Practice
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DEMOGRAPHIC INFORMATION

First Name		Middle Name		Last Name	
Address		City		State	ZIP Code
Home Cell Phone Number			Work Telephone Number		
E-Mail Address			Fax Number		
<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> APRN	<input type="checkbox"/> Consumer	<input type="checkbox"/> Other Health Profession-Type _____	
ND License or Certification Number(s)				Expiration Date(s)	

EMPLOYMENT

Job Title					
Employer Name					
Address		City		State	ZIP Code
Employer Telephone Number		Fax Number		Length of employment with employer	

LIST AREA(S) OF EXPERTISE AND/OR SPECIALTY

Have you served on a ND Board of Nursing Committee previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list committee(s) and dates of service	

STATEMENT

Please provide a brief narrative of your interest, availability and qualifications for serving on the committee you selected. Please submit a copy of your current resume or abbreviated curriculum vitae (with no more than the last 5 years of experience) with this application.

ATTESTATION

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the Board of Nursing and that a signed Conflict of Interest disclosure Statement will be required.

Signature

Date

Please return completed form to:
North Dakota Board of Nursing
919 S 7th St., Suite 504
Bismarck, ND 58504-5881
Telephone Number (701) 328-9777
Fax Number (701) 328-9785
Website www.ndbon.org