



National Board for Certification of School Nurses

Application for Nomination - Public Board Member

Name
Address
City State Zip
Telephone(w) (h) (c)
Email
Professional credentials
Position/Title
Years in Position Work Email

Employer
Supervisor
Street
City State Zip
Supervisor's Phone Supervisor's Email

Briefly describe your responsibilities and the population that you serve (in three lines)

In addition, please submit the following:

- A brief one-page letter explaining why you would like to serve on the NCSN Board and highlighting any unique skills you would bring to the organization.
- Current vitae/resume (two-page limit) with description of activities relevant to leadership, management, certification, test development, and other accomplishments.
- One letter of recommendation from a colleague or supervisor who has served with you in a leadership or management capacity in a not-for-profit organization, or in the course of your employment or other professional or volunteer activities.

Approval as a board member requires a telephone reference from your current employer indicating support for your role as a Board member (including time required to attend meetings), and a telephone reference from another colleague who can attest to your leadership and collaborative skills.

Please email the completed form and resume to: certification@nbcnsn.org.

Letters of support may be emailed by the author directly.