

**DIVISION OF REGISTRATIONS
APPLICATION
ADVISORY COMMITTEE**

Please attach a current resume

Is there a particular Advisory Committee on which you would like to serve? **Nurse Aide Advisory Committee**

PLEASE TYPE OR PRINT:

Name: _____ Gender: M F

Home Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Email Address: _____

Registered Voter? Yes No Party Affiliation: Democrat Republican Unaffiliated

EMPLOYMENT HISTORY: (or current resume)

Employer	Position	Function/Duties	Dates

REFERENCES (List three persons not related to you, who you have known for at least one year:

Name	Address	Telephone Number

EDUCATION HISTORY (Please include name and location of school):

OTHER ACCOMPLISHMENTS, MEMBERSHIPS, CERTIFICATES, PUBLICATIONS OR INTERESTS:

STATE THE REASON YOU WOULD LIKE TO SERVE AS A MEMBER OF AN ADVISORY COMMITTEE:

Please attach a current resume and any other information you wish considered.

Signature

Date

Please submit materials to:
Kennetha Julien, Program Director
Board of Nursing
1560 Broadway, Suite 1350
Denver, CO 80202