SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD
MEMBER APPLICATION PACKET

MISSION
To protect and promote the health, the environment and the well-being of Southern Nevada residents and visitors.

OVERVIEW
The Southern Nevada Health District Public Health Advisory Board (Advisory Board) is an eight (8) member standing board which advises the Southern Nevada District Board of Health (Board) on matters relating to local public health planning and policy.

BOARD COMPOSITION
The Advisory Board is comprised of five (5) appointed and three (3) at-large members. Appointed members must be a resident appointed from each city in Clark County and selected by the governing body of each such city. The Board members select three (3) at-large members with the following qualifications for appointment to the Advisory Board:

- One (1) physician licensed to practice medicine in this State, selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;
- One (1) nurse licensed to practice nursing in this State; and
- One (1) representative with a background or expertise in environmental health or environmental health services.

Please mail, email or fax your application no later than 4:00 p.m. on Thursday, April 30, 2020 to:

Southern Nevada Health District
Attention: Michelle Cintron
P.O. Box 3902
Las Vegas, Nevada  89127
Fax: 759-1422

Email – cintronm@snhd.org
Supplemental Information to Advisory Board Appointment Application

PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada Health District Public Health Advisory Board. The personal information you provide will be protected as confidential and will be used by Health District board members and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

NAME: ____________________________________________

RESIDENCE ADDRESS: ____________________________________________

CITY/ZIP: ____________________________________________

MAILING ADDRESS: ____________________________________________
(if different from residence)

CITY/ZIP: ____________________________________________

BUSINESS ADDRESS: ____________________________________________

CITY/ZIP: ____________________________________________

OCCUPATION: ____________________________________________

EMPLOYER: ____________________________________________

DAY PHONE: ____________________________________________
(Home/Work – select one)

EVENING PHONE: ____________________________________________
(Home/Work – select one)

CELL PHONE: ____________________________________________

FAX NUMBER: ____________________________________________

E-MAIL ADDRESS: ____________________________________________
APPLICATION FOR APPOINTMENT TO THE
SOUTHERN NEVADA HEALTH DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:
(check ONE: if you wish to apply for more than one position, a separate application is required)
___ Physician Representative
___ Nurse Representative
___ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.)

ALL APPLICANTS – PLEASE PRINT LEGIBLY OR TYPE

NAME: ____________________________________________________________

How long have you lived in Clark County? ________________________________

Please tell us why you are interested in becoming a member of the Advisory Board.
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.
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____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Please tell us about your education, training and experiences related to your profession and the position for which you are applying.

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Please provide three references with knowledge of your abilities related to the position for which you are applying.

1) ____________________________________________

2) ____________________________________________

3) ____________________________________________

Please tell us about any other experience you have that relates to the activities of the SNHD. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

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**Physician Applicants Only**

Are you licensed to practice medicine in this State? If so, please document.

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Do you have experiences or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

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**Nurse Applicants Only**

Are you licensed to practice medicine in the State? If so, please document.

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**ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY**

Please tell us about your education, training and experiences related to environmental health or environmental health services:

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Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application packet.

__________________________________________________________________________

*I certify that the information provided is true and accurate to the best of my knowledge.*

________________________________  __________________________________
Signature                                      Date