

2026

**SOUTHERN NEVADA HEALTH DISTRICT
AT-LARGE MEMBER
APPLICATION PACKAGE**





INTRODUCTION

This is an application to serve as At-Large Members of the Southern Nevada District Board of Health. The Southern Nevada District Board of Health is the 11-member governing body of the Southern Nevada Health District, a health department operating under the direction of a District Health Officer and the Board, which has jurisdiction over all public health matters in the incorporated and unincorporated areas of Clark County, Nevada.

MISSION

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

BOARD COMPOSITION

The Board of Health is comprised of eight (8) elected and three (3) at-large members. Elected members include two representatives from the Clark County Board of Commissioners and the City of Las Vegas, and one representative each from Boulder City, the City of Henderson, Mesquite, and North Las Vegas. Elected members select three (3) at-large members with the following qualifications:

- One representative who is a physician licensed to practice medicine in this State;
- One representative of a non-gaming business or from an industry that is subject to regulation by the Health District; and
- One representative from the association of gaming establishments.

All Board members are appointed for 2-year terms.

MEETING SCHEDULE & TIME COMMITMENT

The Board meets monthly, on the fourth Thursday of the month, either virtually or in-person. Board members may also serve on Board Committees, which meet ad-hoc, either virtually or in-person. Evening meetings are scheduled from time-to-time, with appropriate notice.

If interested, please submit the completed application and supplemental information, **no later than 4:00 p.m. on Thursday, April 30, 2026**, to:

Southern Nevada Health District
Attn: Executive Assistant
280 S Decatur Blvd
Las Vegas, NV 89107
Email: cordovezmulet@snhd.org



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board 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.

INSTRUCTIONS: Please complete each item below.

Mr. ____ Ms. ____ Mrs. ____ Dr. ____

FIRST NAME MI LAST NAME

RESIDENCE ADDRESS CITY/STATE/ZIP

MAILING ADDRESS (if different from above) CITY/STATE/ZIP

DAY PHONE NUMBER EVENING PHONE NUMBER

CELLPHONE NUMBER FACSIMILE NUMBER

EMAIL

EMPLOYER

BUSINESS ADDRESS CITY/STATE/ZIP

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

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
- Regulated Business or Industry 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.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Mr. ____ Ms. ____ Mrs. ____ Dr. ____

FIRST NAME MI LAST NAME

EMPLOYER

BUSINESS ADDRESS CITY/STATE/ZIP

OCCUPATION

How long have you lived in Clark County:

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



Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

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

Name:

Name:

Name:

Please tell us about any other experience you have that relates to the activities of the Health District. 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.



PHYSICIAN APPLICANTS ONLY

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

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

BUSINESS OR INDUSTRY APPLICANTS ONLY

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, organizational affiliation, and relevant permit numbers.



ALL APPLICANTS

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 package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Print Name	Signature	Date
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For SNHD Use Only:

Application Received By: _____ Date Received: _____

Candidate approved by the Nominating Committee. Date: _____

Candidate attended BOH meeting. Date: _____

Board Action:

Approve

Disapprove

Other _____