

**NEW MEXICO BOARD OF NURSING
ADVISORY COMMITTEES**

NOMINATION FORM

PERSONAL INFORMATION:

BUSINESS--PLACE OF EMPLOYMENT INFORMATION:

Nominee:	Business Name:
Address/PO Box:	Address:
City: ST: Zip+4:	City: ST: Zip+4:
Home Phone:	Bus. Phone:
Nursing License #:	E-mail address:

IF APPOINTED BY THE BOARD, I WISH TO SERVE ON THE _____ ADVISORY COMMITTEE/TASK FORCE

SIGNATURE: _____ DATE: _____

EDUCATIONAL PREPARATION

INSTITUTION	DATES ATTENDED	MAJOR	DEGREE
	FROM: TO:		
	FROM: TO:		
	FROM: TO:		

PROFESSIONAL EXPERIENCE (Beginning with most recent)

INCLUSIVE DATES	TITLE	EMPLOYER
FROM: TO:		
FROM: TO:		
FROM: TO:		

OTHER PERTINENT ACTIVITIES (e.g. teaching, writing, etc.)

CHEMICAL DEPENDENCY EXPERIENCE: (DIVERSION PROGRAM NOMINEES ONLY)

RETURN COMPLETED FORM TO: NM BOARD OF NURSING, 6301 INDIAN SCHOOL NE, SUITE 710, ALBUQ. NM 87110