



National Board for Certification of School Nurses

NCSN Member Application

Name
Address
City State Zip
Telephone(w) (h) (c)
Email
Date of Original NCSN Certification Certification Number
Recertification date/s

Employer
Supervisor
Street
City State Zip
Supervisor's Phone Email
Position/Title
Years in position Work 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, such as a state school nurse organization or another not-for-profit organization, or in the course of your employment.

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 the current President of your state's school nurse organization.

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

Letters of support may be emailed by the author directly.