

NBCSN Board Member Application

Application Questions

1. Name

2. Address

3. City

4. State

5. Zip

6. Email

7. Date of Original NCSN Certification



8. Certification Number

9. Recertification date/s

Career Information

10. Employer

11. Supervisor Name

12. Street Address

13. City

14. State

15. Zip

16. Supervisor's Phone Number

17. Supervisor's Email

18. Position/Title

19. Years In Position

20. Work Email

21. Briefly (three lines or fewer) describe your responsibilities and the population that you serve

Upload Documents

22. A letter of intent addressed to NBCSN Board that indicates your willingness to be considered for the position you are seeking. Describe what you feel you would contribute to the Board of Directors. Include a description of goals for your time on the board.

Upload letter of intent

Browse...

23. Current vitae/resume with description of activities relevant to leadership, management, certification, and test development highlighted.

Upload CV/resume

Browse...

24. 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.

Upload Letter of Recommendation

Browse...