



## **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 Friday, April 29, 2016 to:

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

Email – [Nath@snhdmail.org](mailto:Nath@snhdmail.org) or [Wellsj@snhdmail.org](mailto:Wellsj@snhdmail.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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\_\_\_\_\_  
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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 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