

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF NURSING**

Nomination Form
Advanced Practice Committee (APC) / Advisory Committee on Nursing (ACON) /
Nursing Practice & Standards Committee (NPSC)

Instructions: Please submit completed form along with requested information to Committee Nominations, LLR-Board of Nursing, P O Box 12367, Columbia, SC 29211.

SECTION 1: TO BE COMPLETED BY NOMINATING ORGANIZATION* /INDIVIDUAL. (May Self-Nominate)

A. Name of Nominating Organization/ Individual: _____

B. Signature & Title: _____

C. Name, Address, telephone number and email address of individual being nominated:

Full Name of Nominee (As Shown on SC Nursing License)		SC Nursing License #	
Mailing Address	City	State	Zip Code
Work Phone	Home Phone	Email Address	

D. Please indicate the position(s) for which the individual is being nominated (May nominate for multiple committees but may only serve on one committee at a time):

APC

- Certified Registered Nurse Anesthetist (#1)
- Certified Registered Nurse Anesthetist (#2)
- Acute Care Nurse Practitioner
- Adult Nurse Practitioner
- Family Nurse Practitioner (#1)
- Family Nurse Practitioner (#2)
- Pediatric Nurse Practitioner
- CNS–Psychiatric Mental Health
- CNS–Medical Surgical
- Certified Nurse Midwife (#1)
- Certified Nurse Midwife (#2)
- APRN Educator

NPSC

- Acute Care RN
- Acute Care LPN
- Advanced Practice
- Community Health
- Critical Care
- Education
- Emergency Nursing
- Home Health/Hospice
- Long Term Care/Gerontology
- Maternal Child/OB
- Pediatrics
- Psychiatric/Mental Health
- School Nursing
- SC Organization of Nursing Leaders *

ACON

Education

- ADN Educator (#1)
- ADN Educator (#2)
- BSN Educator (#1)
- BSN Educator (#2)
- Practical Nurse Educator
- SC League for Nursing *
- SC Deans & Directors Council of Nursing Education *
- SC Practical Nurse Educators *

Practice

- Nursing Admin. Hospital (Large/Urban)
- Nursing Admin. Hospital (Small/Rural)
- Nursing Admin. Mental Health
- Nursing Admin. Long Term Care
- Nursing Admin. Public Health
- Community Health Nursing (ex: School Nursing)
- Advanced Practice
- SC Nurses Association *
- SC Federation of Licensed Practical Nurses *
- SC Organization of Nursing Leaders *

* Nominations received directly from organization only.

- E. Please provide a brief statement as to the qualifications of the candidate for the position(s). (May attach resume or curriculum vitae *in addition* to this statement)

SECTION 2: TO BE COMPLETED BY INDIVIDUAL BEING NOMINATED.

- A. If selected for the APC, could you attend meetings quarterly (February, May, August, November) in Columbia? ___Yes ___No

If selected for the NPSC, could you attend meetings quarterly (January, April, July, October) in Columbia? ___Yes ___No

If selected for the ACON, could you attend meetings every other month (February, April, June, August, October, December) in Columbia? ___Yes ___No

- B. Please provide a brief statement as to your interest in serving on the committee and the contribution that you feel you can make to the committee. (May attach additional sheet, if necessary)

- C. If the position(s) you have been nominated for is not available at this time, may we consider you for positions on other committees? ___Yes ___No

- D. If appointed by the Board, I agree to serve on the Advanced Practice Committee, Nursing Practice & Standards Committee or Advisory Committee on Nursing *and* regularly attend the meetings in Columbia as scheduled.

Signature of Nominee (As Shown on SC Nurse License)

Date

South Carolina Nurse License Number

All nominations received are presented to APC, ACON or NPSC respectively for review. ALL nominations are provided to the Board of Nursing for appointments.

Copies of committee bylaws are available upon request.