



Clinical Nurse Specialist (CNS) Advisory Committee Volunteer Advisory Committee Member Application

Personal Information		
Name:		
Address:		
City:	State:	Zip Code:
Phone (cell):	Phone (home):	
Phone (work):	Fax:	
E-mail:		

California License Information	
California license number(s) must be active and current.	
Registered Nurse Number:	CNS Number:
Other Current/Active License Numbers:	

Application Category	
Please select the following category for which you are applying for:	
<input type="checkbox"/> CNS direct practice, Northern California	<input type="checkbox"/> CNS direct practice, Southern California
<input type="checkbox"/> CNS direct practice, Central California	<input type="checkbox"/> CNS engaged in Academia
<input type="checkbox"/> Public Member	

Practice Setting Category	
For CNS applicants, please select the applicable area(s) for which you are currently practicing in:	
<input type="checkbox"/> Large (hospitals, ambulatory surgical centers, etc.)	<input type="checkbox"/> Small (Doctor's offices, private practices, etc.)
<input type="checkbox"/> Academic	<input type="checkbox"/> Community Health Centers

Please attach a current resume as well as a separate document answering the following questions:

- Explain why you are interested in serving on the Clinical Nurse Specialist Advisory Committee (CNSAC).
- Describe your education and work as a CNS, your knowledge of CNS practice, and/or your experience as a consumer of CNS practice.

The signature below verifies that I have read and understand the responsibilities, time commitments, and reimbursement of a CNSAC member.

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Signature

Date

Please submit your completed application, resume, and supplemental questionnaire via email to McCaulie Feusahrens, Chief of Licensing, at BRN.CNSAC@dca.ca.gov