

Board of Registered Nursing

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

Personal Information		
Name:		
Address:		
City: S	tate:	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 ar	e applying for:	
☐ CNS direct practice, Northern California	☐ CNS direct practice, Southern California	
☐ CNS direct practice, Central California	☐ CNS engaged in Academia	
☐ Public Member		
Practice Setting Category		
For CNS applicants, please select the applicable area(s) for which you are currently practicing in:		
☐ Large (hospitals, ambulatory surgical centers, etc.)	☐ Small (Doctor's offices, private practices, etc.)	
☐ Academic	☐ Community Health Centers	
 Please attach a current resume as well as a separate d Explain why you are interested in serving on th (CNSAC). Describe your education and work as a CNS, y as a consumer of CNS practice. 	ne Clinical Nurse Special	list Advisory Committee practice, and/or your experience
The signature below verifies that I have read and understand the responsibilities, time commitments, and reimbursement of a CNSAC member.		
Signature		Date