CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR

BOARD OF REGISTERED NURSING
1747 N. Market Blvd., Sacramento, CA 94244
P (916) 322-3350 | www.rn.ca.gov

Nurse-Midwifery 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 (Certified Nurse-Midwives (CNM) and Physician and Surgeon Applicants)	
California license number(s) must be active and current.	
Registered Nurse Number:	CNM Number:
Physician's and Surgeon's Number:	
Other Current/Active License Numbers:	

Application Category Information			
Please select the category for which you are applying for:			
☐ CNM	☐ ~~Physician or Surgeon~~	☐ ~~Public Member~~	
Please select your location:			
☐ Northern CA	☐ Central CA	☐ Southern CA	☐ Other (specify):
Please select if you are you engaged in any of the following:			
☐ Direct practice	☐ Nurse-midwifery education	☐ Other (specify):	

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

- Explain why you are interested in serving on the Nurse-Midwifery Advisory Committee.
- Describe your education and work as a CNM, your knowledge of nurse-midwifery practice, and/or your experience in consumer protection.

The signature below verifies that I have read and understand the responsibilities, time commitments, and reimbursement of a Nurse-Midwifery Advisory Committee member.

Signature	Date

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