

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

Nomination Form

**Advanced Practice Committee (APC) / Advisory Committee on Nursing Education (ACONE) /
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
- Psychiatric Mental Health Nurse Practitioner
- CNS–Psychiatric Mental Health
- CNS–Medical Surgical
- Certified Nurse Midwife (#1)
- Certified Nurse Midwife (#2)
- APRN Educator

ACONE

- Graduate Educator (#1)
- Graduate Educator (#2)
- BSN Educator (#1)
- BSN Educator (#2)
- BSN Educator (#3)
- ADN Educator (#1)
- ADN Educator (#2)
- ADN Educator (#3)
- Practical Nurse Educator (#1)
- Practical Nurse Educator (#2)
- SC League for Nursing *
- SC Deans & Directors Council of Nursing Education*
- SC Nurses Association **
- SC Organization of Nursing Leaders **

NPSC

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

* Designated representative from organization

**Designated Ex-Officio Representative

- E. Please provide a brief statement as to the qualifications of the candidate for the position(s). (Also, please 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 ACONE, 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 Education *and* regularly attend the meetings in Columbia as scheduled.

Signature of Nominee (As Shown on SC Nurse License)

Date

South Carolina Nurse License Number

Nominations for membership to the APC, NPSC and ACONE will be submitted to and selected by the BON for appointment.

Copies of committee bylaws are available upon request.