



South Carolina Department of Labor, Licensing and Regulation  
**South Carolina Board of Nursing**  
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 llr.sc.gov/nurse

**ADVANCED PRACTICE COMMITTEE (APC)  
 NOMINATION FORM**

*The Advanced Practice Committee (APC) is an ad hoc committee appointed by the South Carolina Board of Nursing, established to review current advanced practice registered nursing (APRN) Advisory Opinions and Position Statements and to advise the Board and nursing community on the safe and competent practice of APRNs. The APC also assists the Nurse Practice Consultant with questions related to advanced practice and serves as a resource regarding scope of practice, practice guidelines, trends in advanced practice and related issues.*

**SECTION I**

**NOMINATING ORGANIZATION/INDIVIDUAL INFORMATION**

This section should be completed by the nominating organization or individual. You may self-nominate.

Name of Nominating Organization/ Individual: \_\_\_\_\_

**NOMINEE INFORMATION**

Name: \_\_\_\_\_ SC Nurse License Number: \_\_\_\_\_  
 (As shown on license)

**Please indicate the positions for which the individual is being nominated.**

- |  |  |
|--|--|
| Certified Registered Nurse Anesthetist | Acute Care Nurse Practitioner                |
| Adult Nurse Practitioner               | Family Nurse Practitioner                    |
| Pediatric Nurse Practitioner           | Psychiatric Mental Health Nurse Practitioner |
| CNS- Psychiatric Mental Health         | CNS- Medical Surgical                        |
| Certified Nurse Midwife                | APRN Educator                                |

**Provide a brief statement as to the qualification of the candidate for the position(s). You may attach an additional sheet if necessary.**

Signature \_\_\_\_\_ Title: \_\_\_\_\_

**SECTION II**

**NOMINEE INFORMATION**

This section should be completed by the nurse being nominated.

Please submit the completed form along with your resume or curriculum vitae and two letters of professional reference to [NursingNominations@llr.sc.gov](mailto:NursingNominations@llr.sc.gov).

Name: \_\_\_\_\_ SC Nurse License Number: \_\_\_\_\_  
(As shown on license)

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. If you are selected, are you willing to attend meetings provided you receive at least 30-days notice? YES NO
2. 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. You may attach an additional sheet if necessary.

**ATTESTATION**

If appointed by the Board, I agree to serve on the Advanced Practice Committee and regularly attend the meetings.

\_\_\_\_\_  
Signature of Nominee (As shown on SC nurse license.)

\_\_\_\_\_  
Date

\_\_\_\_\_  
South Carolina Nurse License Number