



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
 110 Centerview Dr. • Columbia • SC • 29210
 P.O. Box 12367 • Columbia • SC 29211-2367
 Phone: 803-896-4550 • NURSEBOARD@llr.sc.gov • Fax: 803-896-4515
 llr.sc.gov/nurse

**ADVISORY COMMITTEE ON NURSING EDUCATION (ACONE)
 NOMINATION FORM**

The Advisory Committee on Nursing Education is a standing committee appointed by the South Carolina Board of Nursing, established: 1) to advise and make recommendations to the Board regarding nursing education, including articulation and quality; 2) to review, according to prescribed guidelines as promulgated in regulation, applicant Nursing Education Programs and specifically make recommendations to the Board concerning the approval of a program application; and 3) to provide periodic reports on the Committee's projects and progress of the Committee to the Board.

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.

Bachelor of Science in Nursing Educator

Associate Degree in Nursing Educator

Practical Nursing Educator

Graduate Nurse 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.

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

Mailing Address: _____

Phone: _____ Email: _____

1. If selected for the ACONE, are you willing to attend meetings virtually in February, April, June, August, October, and December? YES NO
2. If selected for the ACONE, are you willing to participate in at least one site visit to a school during the course of your term? YES NO
3. 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 Advisory Committee on Nursing Education and regularly attend the meetings, and to participate in at least one site visit during the course of my term.

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

Date

South Carolina Nurse License Number