

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

Nomination Form

**PANEL HEARING REVIEWER/ INVESTIGATIVE REVIEW COMMITTEE (IRC) MEMBER OR EXPERT
CASE REVIEWER**

Instructions: Please submit the completed form along with requested information -- current resume/ curriculum vitae and letters of support to Committee Nominations, LLR-Board of Nursing, PO Box 12367, Columbia, SC 29211 **OR** e-mail the completed form along with requested information/ current resume or curriculum vitae to nurseboard@llr.sc.gov

Panel Hearing Reviewer/ Investigative Review Committee (IRC) Member or Expert Case Reviewer Purpose

To facilitate the complete review of complaint matters/ cases before the SC State Board of Nursing.

Terms of Membership and Service

Panel Hearing Reviewers/ IRC members/ Expert Case Reviewers will be appointed for a two year term. Members may be reappointed to multiple terms.

Members must have the appropriate educational preparation and experience to facilitate the review of complaint matters before the Board.

Requirements/ qualifications for nomination consideration

- A fully completed board approved nomination form
- A current curriculum vitae
- Education – must possess the minimum of a Bachelor’s of Science in Nursing (BSN) degree. A Master’s Degree is preferred.
- Experience – must have a minimum of 5 years current clinical experience as an RN or APRN in the area being reviewed
- Must hold an active unencumbered SC nursing license with no prior or current discipline.
The Board may deny membership based on disciplinary history.
- Must provide a minimum of two letters of support from a supervisor or peer working in nursing.

SECTION 1: NOMINEE INFORMATION

A. _____
Full Name of Nominee (As Shown on SC Nursing License) *SC Nursing License #

Mailing Address City State Zip Code

Work Phone Home Phone Alternate Phone Email Address

* Must hold an *active and unencumbered* South Carolina nursing license with no prior/ current discipline.

B. Please indicate the position(s) for which the individual is applying (*May apply for multiple positions, however, may only serve on one Board of Nursing committee at a time*):

Panel Hearing Reviewer Investigative Review Committee Member Expert Case Reviewer

C. What is your current area(s) of nursing practice? _____

Who is your employer(s)? _____

Employer Address(es) _____

D. Please list your nursing degree(s), nursing certification(s) and area of specialty.

Nursing Degree(s) _____

Nursing Certification(s) _____

Area(s) of Nursing Specialty _____

SECTION 2: TO BE COMPLETED BY INDIVIDUAL BEING NOMINATED.

A. Are you currently serving on a South Carolina Board of Nursing Committee? Yes / No
If yes, which committee? _____

(Note you may serve on only one Board of Nursing committee/panel/review at a time.)

B. Please provide a brief statement as to your interest in serving and the contribution that you feel you can make as a Panel Hearing Reviewer or Investigative Review Committee (IRC) member or as an Expert Case Reviewer. (You may attach an 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 Board of Nursing committees? Yes / No

I hold a current and unencumbered South Carolina nursing license. If appointed by the Board, I agree to serve as a Panel Hearing Reviewer or on the Investigative Review Committee (IRC) or as an Expert Case Reviewer *and* to participate in the meetings/ hearings in Columbia as scheduled/ requested.

Signature of Nominee (As Shown on SC Nurse License)

Date

South Carolina Nurse License Number *

* Must hold an *active and unencumbered* South Carolina nursing license.

- _____ *All questions answered? (May attach a separate sheet)*
- _____ *CV/ Resume attached?*
- _____ *Two letters of support attached?*

Completed nomination forms, *along with resume/ curriculum vitae and two letters of support* are submitted to the SC Board of Nursing for review, selection and appointment.