



## Biographical Data Form and Consent to Serve For Nominees to the Louisiana State Board of Nursing

### INSTRUCTIONS:

- 1) TYPE responses to the following items using the FORMAT and SPACE allocated. The Biographical Data Form and consent to serve may be not longer than four (4) pages.
- 2) Attach complete vitae or resume.
- 3) Attach recommendations from three (3) individuals.

**Packet must be complete when received. Incomplete packets will not be considered.**

**Mail completed packet to:  
Louisiana State Nurses Association  
5713 Superior Drive, Suite A-6  
Baton Rouge, LA 70816**

NAME/CREDENTIALS \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

Cell TELEPHONE \_\_\_\_\_

WORK TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

**Circle which area of nursing you are applying to represent; indicate first and second choice if you are willing to be considered as an applicant in more than one area of nursing:**

**Nursing Service Administration**

**Nursing Education**

**Other Areas of Nursing Practice**

**Advanced Practice**



5713 Superior Drive, Suite A-6  
Baton Rouge, LA 70816  
(225) 201-0993 Fax (225) 201-0971  
[www.lsna.org](http://www.lsna.org) E-mail [lsna@lsna.org](mailto:lsna@lsna.org)

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**BEGINNING WITH CURRENT EMPLOYMENT, LIST NURSING EMPLOYMENT FOR THE PAST FIVE (5) YEARS:**

**Employer/Position/Dates of Employment**

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**NURSING EDUCATION (LIST MOST RECENT DEGREE FIRST):**

**Granting Institution/Degree or Diploma/Major/Date Graduated:**

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**Continuing Education (Describe the manner in which you have maintained your level of practice over the past five (5) years without listing titles of C. E. programs attended):**

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**List the professional organizations to which you belong:**

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**Briefly summarize your views regarding issues that might impact or are impacting nursing in Louisiana:**

**Briefly summarize your reasons for seeking appointment to the Louisiana State Board of Nursing:**



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List the names and titles of three (3) individuals whose recommendations are attached:

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**CERTIFICATION:**

I hereby certify:

1. That I am currently licensed to practice nursing in Louisiana and can produce a current, unencumbered, unrestricted license;
2. That I am a citizen of the United States and have been a resident of Louisiana for at least one year;
3. That I have \_\_\_ years \_\_\_ months of experience in the nursing area that I am applying to represent; and
4. That I am actively engaged in practice as a Registered Nurse.

**CONSENT TO SERVE:**

I understand that appointment to the Louisiana State Board of Nursing involves preparatory and meeting time for both Board and subcommittee meetings and that I, my employer (if employed), am willing to make the commitment if I am selected.

I further understand and am willing to accept the responsibilities of serving as a member of the Louisiana State Board of Nursing, as created by Louisiana Revised Statutes 37:911 et seq. as reenacted and amended by Act 633 of the 1995 Louisiana Legislature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date