

Call for Applicants for RN Position on the Louisiana State Board of Practical Nurse Examiners

Roberta Connelley, RN holds one of the two positions on the Louisiana State Board of Practical Nurse Examiners which, according to **Law Relating to the Practice of Practical Nursing**, are to be held by Registered Nurses. Her position will expire July 2009 and she is eligible to serve another term.

According to the **Law Relating to the Practice of Practical Nursing** “the appointment of members of the **LSBPNE** shall be made from a list, containing twice the number of eligibles to be appointed, submitted to the governor by the Louisiana State Medical Society where the appointee shall be a licensed physician, by the Louisiana Federation of Licensed Practical Nurses, Inc., for one of the practical nurses, by the Licensed Practical Nurses of Louisiana, Inc., for one of the practical nurses, by the Louisiana Nursing Home Association, for one practical nurse, by the Louisiana Hospital Association, for one practical nurse, or by the Louisiana State Nurses Association where the appointee shall be a registered nurse.” The terms of the members of the **LSBPNE** shall be for six years.

Individuals interested in applying for the position can find the required **Biographical Data and Consent Form** on the LSNA website at www.lsna.org. The form must be submitted to the LSNA office by July 15, 2009. Interviews of applicants will be held at a date which will be announced. Please submit forms to:

**Louisiana State Nurses Association
5713 Superior Drive, Suite A-6
Baton Rouge, Louisiana 70816**

Or fax to: 225-201-0971

**Biographical Data Form and Consent to Serve
For nominees to the
Louisiana State Board of Practical Nurse Examiners**

INSTRUCTIONS:

- 1) TYPE responses to the following items using the FORMAT and SPACE allocated. The Biographical Data Form and Consent to Serve may be no 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.

**Complete Packet must be postmarked by:
July 15, 2009**

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

NAME/CREDENTIALS _____

ADDRESS _____

HOME TELEPHONE _____

WORK TELEPHONE _____

FAX _____ E-MAIL _____

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

Employer/Position/ Duties of Employment

NURSING EDUCATION (LIST MOST RECENT DEGREE FIRST):

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

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):

List the professional organizations to which you belong:

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 Practical Nurse Examiners:

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

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 am actively engaged in practice as a Registered Nurse.

CONSENT TO SERVE:

I understand and am willing to accept the responsibilities of serving as a member of the Louisiana State Board of Practical Nurse Examiners, as created by the Law Relating to the Practice of Practical Nursing.

Signature

Date