

2022

**SOUTHERN NEVADA HEALTH DISTRICT
PUBLIC HEALTH ADVISORY BOARD
MEMBER APPLICATION PACKAGE**





INTRODUCTION

This is an application to serve as a member of the Southern Nevada District Public Health Advisory Board (Advisory Board). The Advisory Board is an eight member standing board which advises the Southern Nevada District Board of Health (Board of Health) on matters related to local public health planning and policy.

MISSION

To protect and promote the health, the environment and the well-being of Southern Nevada residents and visitors.

BOARD COMPOSITION

The Advisory Board is comprised of five (5) appointed and three (3) at-large members. Appointed members must be a resident appointed from each city of Clark County and selected by the governing body of each such city. The Board of Health members select three (3) at-large members with the following qualifications for appointment to the Advisory Board:

- One (1) physician licensed to practice medicine in this State, selected on the basis of his or her education, training, experience or demonstrated abilities in the provision of health care services to members of minority groups and other medically underserved populations;
- One (1) nurse licensed to practice medicine in this State; and
- One (1) representative with a background or expertise in environmental health or environmental health services.

All Advisory Board members are appointed for 2-year terms.

MEETING SCHEDULE & TIME COMMITMENT

The Advisory Board meets four times per year, generally held on the second Monday of a month, either virtually or in-person. Evening meetings are scheduled from time-to-time, with appropriate notice.

If interested, please submit the completed application and supplemental information, **no later than 4:00 p.m. on Friday, April 29, 2022**, to:

Southern Nevada Health District
Attn: Executive Assistant
280 S Decatur Blvd
Las Vegas, NV 89107
Email: cordovezmulet@snhd.org



PERSONAL INFORMATION FOR APPLICANTS TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by the Health District Board and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

INSTRUCTIONS: Please complete each item below.

Mr. ____ Ms. ____ Mrs. ____ Dr. ____

FIRST NAME MI LAST NAME

RESIDENCE ADDRESS CITY/STATE/ZIP

MAILING ADDRESS (if different from above) CITY/STATE/ZIP

DAY PHONE NUMBER EVENING PHONE NUMBER

CELLPHONE NUMBER FACSIMILE NUMBER

EMAIL

EMPLOYER

BUSINESS ADDRESS CITY/STATE/ZIP

OCCUPATION



APPLICATION FOR APPOINTMENT TO THE SOUTHERN NEVADA DISTRICT PUBLIC HEALTH ADVISORY BOARD

I am applying for the position of:

(Check ONE: if you wish to apply for more than one position, a separate application is required)

- ☐ Physician Representative
- ☐ Nurse Representative
- ☐ Environmental Health or Environmental Health Services Representative

NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.) THIS APPLICATION IS SUBJECT TO PUBLIC DISCLOSURE

ALL APPLICANTS (Please print legibly or type)

Name:

How long have you lived in Clark County:

Please tell us why you are interested in becoming a member of the Advisory Board.

Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.



Please tell us about your education, training and experiences related to your profession and the position for which you are applying?

Please provide three references with knowledge of your abilities related to the position for which you are applying.

Name:

Name:

Name:

Please tell us about any other experience you have that relates to the activities of the Health District. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.



PHYSICIAN APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.



NURSE APPLICANTS ONLY

Are you licensed to practice medicine in this State? If so, please document.

Do you have experience or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.



ENVIRONMENTAL HEALTH OR ENVIRONMENTAL HEALTH SERVICES APPLICANTS ONLY

Please tell us about your education, training, and experience related to environmental health or environmental health services.



ALL APPLICANTS

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application package.

I certify that the information provided, and the responses given are correct and complete to the best of my knowledge and belief.

Print Name

Signature

Date

For SNHD Use Only:

Application Received By: _____

Date Received: _____

☐

Candidate approved by the Nominating Committee.

Date: _____

☐

Candidate attended BOH meeting.

Date: _____

Board Action:

☐

Approve

☐

Disapprove

☐

Other _____