



Clinical Nurse Specialist (CNS) Advisory Committee
Volunteer Advisory Committee Member Application

Personal Information
Name:
Address:
City: State: Zip Code:
Phone (cell): Phone (home):
Phone (work): Fax:
E-mail:

California License Information
California license number(s) must be active and current.
Registered Nurse Number: CNS Number:
Other Current/Active License Numbers:

Application Category
Please select the following category for which you are applying for:
[] CNS direct practice, Northern California [] CNS direct practice, Southern California
[] CNS direct practice, Central California [] CNS engaged in Academia
[] Public Member

Practice Setting Category
For CNS applicants, please select the applicable area(s) for which you are currently practicing in:
[] Large (hospitals, ambulatory surgical centers, etc.) [] Small (Doctor's offices, private practices, etc.)
[] Academic [] Community Health Centers

Please attach a current resume as well as a separate document answering the following questions:
• Explain why you are interested in serving on the Clinical Nurse Specialist Advisory Committee (CNSAC).
• Describe your education and work as a CNS, your knowledge of CNS practice, and/or your experience as a consumer of CNS practice.

The signature below verifies that I have read and understand the responsibilities, time commitments, and reimbursement of a CNSAC member.

Signature Date

Please submit your completed application, resume, and supplemental questionnaire via email to McCaulie Feusahrens, Chief of Licensing, at BRN.CNSAC@dca.ca.gov