



## Nursing Education and Workforce Advisory Committee (NEWAC) Volunteer Advisory Committee Member Application

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

California License Information
California license number(s) must be active and current.
Registered Nurse (RN) Number:
Other Current/Active License Numbers:
<input type="checkbox"/> Nurse Practitioner (NP) Certificate Number:
<input type="checkbox"/> Certified Nurse Midwife (CNM) Certificate Number:
<input type="checkbox"/> Clinical Nurse Specialist (CNS) Certificate Number:
<input type="checkbox"/> Certified Registered Nurse Anesthetist (CRNA) Certificate Number:
<input type="checkbox"/> Other:

Application Category
Please select the following category for which you are applying for:
<input type="checkbox"/> Currently practicing APRN, Northern California <input type="checkbox"/> Currently practicing APRN, Southern California

Please attach a current resume as well as a separate document answering the following questions:

- Explain why you are interested in serving on NEWAC.
- Describe your education and work as a APRN and/or your knowledge and experience with current and relevant issues that impact quality registered nursing education, employment, and workforce trends in California

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

Signature	Date

Please submit your completed application, resume, and supplemental questionnaire via email to McCaulie Feusahrens at [BRN.NEWAC@dca.ca.gov](mailto:BRN.NEWAC@dca.ca.gov).