

## OFFICE OF NURSING WORKFORCE ADVISORY BOARD COMMITTEE - REFERRAL APPLICATION CRITERIA



### **About this Opportunity**

The Office of Nursing Workforce is seeking qualified Mississippi applicants for its volunteer Advisory Board Committee. The Committee shall advise and assist the Office of Nursing Workforce in promoting a culture of health for the citizens of Mississippi by giving professional guidance, counsel, or advice on how ONW can advance nursing education, practice, and workforce development. The Committee will be comprised of 10 members from both the public and private sectors with different levels of professional experience and status in their area of expertise. Qualified applicants of interest are individuals who are health care professionals, health agency administrators, nursing educators, consumer representatives, and other appropriate professionals who can provide technical advice to the Office of Nursing Workforce.

A selection panel with the Office of Nursing Workforce and the Mississippi Board of Nursing will review the applications and appoint the Committee members.

### **Please Note**

- Applicants will be required to submit relevant materials, such as resumes or letters of recommendation (up to 2 attachments).
- This is a volunteer committee. Committee members will receive no financial compensation for their participation.
- Committee members may be reimbursed for actual travel expenses and mileage authorized by law for necessary committee business.
- Committee members will commit to a two-year term that coincides with the Mississippi Board of Nursing fiscal year and attend regular meetings.
- At a minimum, the Committee meets twice a year. Committee members will be given a two-week notice of the date, time, and place of a meeting of the Board. The notice is effective whether given before, at, or after the meetings, and whether given in writing, orally, or by attendance.
- All meetings of the Committee and its committees shall be open to the public and opportunities for public comment shall be provided regularly.
- Minutes of each meeting will be taken by the Mississippi Board of Nursing designated Court Reporter and/or by Cloud recording if conducted virtually. These minutes shall serve as a record of the actions the Committee took at a meeting.
- While a member of the Committee, affiliates will be prohibited from submitting projects with the Office of Nursing Workforce. Committee members may be required to complete a conflict of interest form, as well as disclose potential conflicts before the meeting and actual conflicts during the meeting.
- Membership may be withdrawn by the Board or Committee member with written notification to the Director of the Office of Nursing Workforce. If a Committee member is removed or resigns from membership, the Board of Nursing/Office of Nursing Workforce may appoint a new member to fill the unexpired term.
- New Advisory Committee Members will be appointed once the term ends. Terms should be staggered so that no more than five new members are appointed in the fiscal year.
- Maintain confidentiality about all internal matters of the Mississippi Board of Nursing and Office of Nursing Workforce.

### **INSTRUCTIONS FOR APPLICATION – FISCAL YEAR 2026**

**OFFICE OF NURSING WORKFORCE  
ADVISORY BOARD COMMITTEE -  
REFERRAL APPLICATION CRITERIA**



Before completing this form, carefully review the Advisory Board Committee Application Criteria. Application responses may be sent via e-mail to [ccarter@msbn.ms.gov](mailto:ccarter@msbn.ms.gov). The deadline for Receipt of Submission is Friday, April 25, 2025, at 5:00 p.m.

**Required Materials**

Please include a **resume or curriculum vitae** with the application.

**Nominee Information**

<b>First Name:</b>	<b>Last Name:</b>	
<b>Street Address:</b>	<b>Apt. / Unit:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Contact Number:</b>	<b>Email:</b>	
<b>Credentials:</b>	<b>Nurse License#:</b>	

**EMPLOYMENT INFORMATION** (please provide current information) If selected, the employer will be contacted and required to submit an Employer Authorization Letter.

<b>Employer Name:</b>		
<b>Position Title:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Work#:</b>		
<b>Work Email:</b>		

**Referred By**

<b>First Name:</b>	<b>Last Name:</b>
<b>Employer Name:</b>	<b>Email:</b>
<b>Contact#:</b>	

**OFFICE OF NURSING WORKFORCE  
ADVISORY BOARD COMMITTEE -  
REFERRAL APPLICATION CRITERIA**



**STATEMENT OF INTEREST**

**Please provide a brief statement as to why the nominee, including but not limited to the following: experience and expertise that best qualifies them to serve on the Office of Nursing Workforce Advisory Committee.**

**ATTESTATION AND SIGNATURE**

**I attest that the information provided is true and accurate to the best of my knowledge.**

**If appointed, the referred nominee will serve at the discretion of the Board of Nursing/Office of Nursing Workforces.**

**Signature:**

**Date Submitted:**

**THANK YOU FOR YOUR REFERRAL**