



OFFICE OF NURSING WORKFORCE MISSISSIPPI BOARD OF NURSING

713 South Pear Orchard Rd., Plaza II, Suite 300

Ridgeland, MS 39157

T: (601) 957-6292 F: 601) 957-6301

Nominations for the Advisory Board for the Office of Nursing Workforce:

The Board of Nursing shall appoint a Nursing Work force Advisory Committee composed of health care professionals, health agency administrators, nursing educators and other appropriate individuals to provide technical advice to the Office of Nursing Workforce created in this section. The members of the committee shall be appointed by the Board of Nursing from a list of nominees submitted by appropriate nursing and health care organizations in the State of Mississippi. The members of the committee shall receive no compensation for their services, but may be reimbursed for actual travel expenses and mileage authorized by law for necessary committee business. The Advisory Board meets twice (2) a year.

Nominations application is posted on the Board's website <http://www.msbn.ms.gov>. All nominations and applications must be completed and submitted to the Board's office no later than 5:00 p.m. on April 26, 2019.

Summary Information- Establishment of Office of Nursing Workforce §73-15-18.

- (1) The Mississippi Board of Nursing is designated as the state agency responsible for the administration and supervision of the Nursing Workforce Program as an educational curriculum in the State of Mississippi. It is the intent of the Legislature to develop a nursing workforce able to carry out the scope of service and leadership tasks required of the profession by promoting a strong educational infrastructure between nursing practice and nursing education.
- (2) The Mississippi Board of Nursing is authorized to establish an Office of Nursing Workforce within the administrative framework of the board for the purpose of providing coordination and consultation to nursing education and practice. The Nursing Workforce Program shall encompass five (5) interdependent components:
 - (a) Develop and facilitate implementation of a state educational program directed toward nursing educators regarding health care delivery system changes and the impact these changes will have on curriculum and on the service needs of nurses.
 - (b) Determine the continuing education needs of the nursing workforce and facilitate such continuing education coursework through the university/college schools of nursing in the state and the community/junior college nursing programs in the state.
 - (c) Promote and coordinate through the schools of nursing opportunities for nurses prepared at the associate degree and bachelor degree levels to obtain higher degrees.
 - (d) Apply for and administer grants from public and private sources for the development of the Nursing Workforce Program prescribed in this section.
 - (e) Establish systems to ensure an adequate supply of nurses to meet the health care needs of the citizens of Mississippi. This will include, but is not limited to, gathering and quantifying dependable data on current nursing workforce capacities and forecasting future requirements. The Office of Nursing Workforce will report its findings annually to the Mississippi Legislature.

If you have questions, please contact me at (601) 957-6292 or email tjones@msbn.ms.gov. Thank you for your interest.



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Office of Nursing Workforce Advisory Board Nominee Application

Deadline for Receipt of Submission is April 26, 2019 at 5:00 p.m.

RETURN THIS APPLICATION TO THE BOARD

Fax: (601) 957-6301 or email tjones@msbn.ms.gov

The Subject Line should read: ONW Advisory Board Application

We recommend that you include a resume or curriculum vitae.

NOMINEE INFORMATION

Last Name	First Name	M.I.	Date
Street Address		Apartment/Unit #	
City	State	Zip	
Cell Phone	E-mail Address		
Nurse License # if applicable			

CURRENT EMPLOYMENT

Position Title:
Employer Name:
City/State/Zip:
Employer Phone: ()
Employer Email:

NOMINATOR

Name:
Email:
Phone Number:



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STATEMENT OF INTEREST

Please provide a brief statement about your nominee, including but not limited to the following: experience, expertise, and why you feel they would be interested in serving on the Advisory Board for the Office of Nursing Workforce.

[Empty box for providing a statement of interest]

ATTESTATION AND SIGNATURE

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

If appointed, Nominees should understand that they serve at the discretion of the Board of Nursing without compensation for services, but may be reimbursed for actual travel expenses and mileage authorized by law for necessary committee business.

Signature

Date