



APPLICATION FOR NBCSN LIAISON

Name and Credentials: _____

Certificate #: _____ Year of Initial Certification: _____

Home Address: _____

City/State/Zip: _____

Home phone: _____ Cell: _____

Home Email address: _____

Work position: _____ Employer: _____

Work address: _____

City/State/ Zip: _____

Work phone: _____ FAX: _____

Work email address: _____

On a separate piece of paper—not to exceed two pages—

1. list any leadership positions you have held/are currently holding within your state school nursing organization or participation on community/state committees or boards
2. list activities you have participated in within your state to promote school nurse certification within the past two years
3. describe the value of school nursing certification, as it relates to your personal experience