

**Southern Nevada District Board of Health**

Member Application Packet

**Mission**

To protect and promote the health, the environment and the well-being of Southern Nevada residents and visitors.

**Overview**

The Southern Nevada District Board of Health is the 11-member governing body of the Southern Nevada Health District, a health department operating under the direction of a Chief Health Officer and the Board, which has jurisdiction over all public health matters in the incorporated and unincorporated areas of Clark County, Nevada.

**Board Composition**

The Board of Health is comprised of eight (8) elected and three (3) at-large members. Elected members include two representatives from the Clark County Board of Commissioners and the City of Las Vegas, and one representative each from Boulder City, the City of Henderson, Mesquite, and North Las Vegas. Elected members select three (3) at-large members with the following qualifications:

* One representative who is a physician licensed to practice medicine in this State;
* One representative of a non-gaming business or from an industry that is subject to regulation by the Health District; and
* One representative from the association of gaming establishments.

All Board members are appointed for 2-year terms.

Please mail, email or fax your application no later than 4:00 p.m. on Monday April 30, 2018 to:

Southern Nevada Health District

Attention: Jakki Wells or Michelle Nath

P.O. Box 3902

Las Vegas, Nevada 89127

Fax: 702-759-1422

Email – Wellsj@snhd.org or Nath@snhd.org

*Supplemental Information to Board Appointment Application*

Personal Information for Applicants to the

**Southern Nevada District Board of Health**

The Southern Nevada Health District (Health District) requires this information of all persons who apply for appointment to the Southern Nevada District Board of Health. The personal information you provide will be protected as confidential and will be used by Health District board members and staff only for official purposes, such as to communicate with prospective and appointed applicants and for demographics. It will not become part of any public document or be otherwise available to the general public.

NAME:

RESIDENCE ADDRESS:

CITY/ZIP:

MAILING ADDRESS:

(if different from residence)

CITY/ZIP:

BUSINESS ADDRESS:

CITY/ZIP:

OCCUPATION:

EMPLOYER:

DAY PHONE:

(Home/Work – select one)

EVENING PHONE:

(Home/Work – select one)

CELL PHONE:

FAX NUMBER :

E-MAIL ADDRESS:

Application for Appointment to the

**Southern Nevada District Board of Health**

I am applying for the position of:

(check *ONE*: if you wish to apply for more than one position, a separate application is required)

[ ]  Physician Representative

[ ]  Regulated Business or Industry Representative

[ ]  Gaming Representative

*NOTE: Nevada law regards all documents considered at public meetings to be public documents. You should expect, therefore, that your application, including this form, will become a public document. (This does not apply to the personal information you provide on a separate form, which will not be made part of any official meeting agenda.)*

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| **All Applicants – Please print legibly or type** |

NAME:

How long have you lived in Clark County?

Please tell us why you are interested in becoming a member of the Board of Health.

Are you employed by any government entity that is a member of the Southern Nevada Health District? If so, please specify.

Please tell us about your education, training and experiences related to your profession and the position for which you are applying.

Please provide three references with knowledge of your abilities related to the position for which you are applying.

1)

2)

3)

Please tell us about any other experience you have that relates to the activities of the SNHD. This could include, but is not limited to, the provision of public health services or working in any level of government or serving on any policy boards or public advisory committees.

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| **Physician Applicants Only** |

Are you licensed to practice medicine in this State? If so, please document.

Do you have experiences or demonstrated abilities in the provision of health care services to members of minority groups or other medically underserved populations? If so, please specify.

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| **Business or Industry Applicants Only** |

Do you represent a business or industry that is subject to regulation by the Health District? If so, please provide the name of the business, type of industry, or organizational affiliation.

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| **Gaming Applicants Only** |

Have you been included on a list of nominees from the association of gaming establishments whose membership in the county collectively paid the most gross revenue fees to the State pursuant to NRS 463.370 in the preceding year? If yes, please include a copy of the list of nominees with your application.

Please provide any additional comments, if desired, in the space provided below. Resumes, curricula vitae or supporting documentation may be submitted with a completed application packet.

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

Signature Date

NOTE: Membership on the Southern Nevada District Board of Health requires regular attendance at board meetings, generally held on the fourth Thursday of each month. Evening meetings are scheduled from time to time, with appropriate notice to the public.