



BOARD OF NURSING

1210 Northland Drive #120, Mendota Heights, MN 55120
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Toll Free (MN, IA, ND, SD, WI): 888-234-2690
Email: nursing.board@state.mn.us
Website: www.nursingboard.state.mn.us

Advanced Practice Registered Nurse Advisory Council Membership Application

Name _____ Phone _____

Address _____

City _____ State _____ Zip code _____

Email _____

Preferred method of contact _____

Member Role

- CERTIFIED NURSE PRACTITIONER
CERTIFIED NURSE ANESTHETIST
PHYSICIAN (must work with APRNs)
CERTIFIED NURSE MIDWIFE
CLINICAL NURSE SPECIALIST
PUBLIC MEMBER (Non APRN/MD)

Describe your experience as an APRN and/or working with APRNs:

Five horizontal lines for text entry.

Describe your knowledge and experience that you believe will contribute to the work of this Advisory Council, including practice standards for APRN role(s):

Five horizontal lines for text entry.

List and describe local or state-level boards, committees, task forces with which you have been involved in the past:

Three horizontal lines for text entry.

Did the appointing authority suggest you submit an application?

YES

NO

Other information you feel may be helpful to the appointing authority:

Return completed form by fax, email, or mail to:

Minnesota Board of Nursing
Attn: APRN Program Assistant
1210 Northland Drive
Suite 120
Mendota Heights, MN 55120
Email: nursing.board@state.mn.us
Fax: 651-688-1841

For questions or comments, contact:
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APRN Specialist
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