



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Nursing
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 llr.sc.gov/nurse

**NURSE PRACTICE AND STANDARDS COMMITTEE (NPSC)
 NOMINATION FORM**

The Nursing Practice and Standards Committee (NPSC) is a standing committee appointed by the South Carolina Board of Nursing, established to assist the Board with issues affecting nursing practice in our state. The NPSC is charged with developing and revising Advisory Opinions and Position Statements. The NPSC also assists the Nurse Consultant for Practice with questions related to nursing practices and standards, and serves as a resource regarding scope of practice, practice guidelines, trends in nursing practice and related issues.

SECTION I

NOMINATING ORGANIZATION/INDIVIDUAL INFORMATION

This section should be completed by the nominating organization or individual. You may self-nominate.

Name of Nominating Organization/ Individual: _____

NOMINEE INFORMATION

Name: _____ SC Nurse License Number: _____
 (As shown on license)

Please indicate the positions for which the individual is being nominated.

- | | |
|---|--------------------------------------|
| Acute Care Registered Nurse | Licensed Practical Nurse |
| Advanced Practice Registered Nurse | Community Health Registered Nurse |
| Cosmetic Registered Nurse | Critical Care Registered Nurse |
| Education Registered Nurse | Emergency Nursing Registered Nurse |
| Forensic Registered Nurse | Home Health/Hospice Registered Nurse |
| Maternal Child/OB Registered Nurse | Pediatrics Registered Nurse |
| Psychiatric/Mental Health Registered Nurse | School Nursing Registered Nurse |
| Long Term Care/Gerontology Registered Nurse | |

Provide a brief statement as to the qualification of the candidate for the position(s). You may attach an additional sheet if necessary.

Signature _____ Title: _____

SECTION II

NOMINEE INFORMATION

This section should be completed by the nurse being nominated.

Please submit the completed form along with your resume or curriculum vitae and two letters of professional reference to NursingNominations@llr.sc.gov.

Name: _____ SC Nurse License Number: _____
(As shown on license)

Mailing Address: _____

Phone: _____ Email: _____

1. If selected for the NPSC, are you willing to attend meetings virtually in January, April, July, and October? YES NO
2. Provide a brief statement as to your interest in serving on the Committee and the contribution that you feel you can make to the Committee. You may attach an additional sheet if necessary.

ATTESTATION

If appointed by the Board, I agree to serve on the Nursing Practice and Standards Committee and regularly attend the meetings.

Signature of Nominee (As shown on SC nurse license.)

Date

South Carolina Nurse License Number