KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
BIOGRAPHICAL SHEET
COUNTY BOARD OF HEALTH NOMINATION FORM

Serving Term Beginning January 1, ______ through December 31, ______
(2 year term)

PLEASE PRINT ALL INFORMATION AND CHECK APPROPRIATE BOXES

As stated in KRS 212.020, the members of the local board shall hold office for a term of two (2) years with the terms of physicians, dentists, pharmacists, and fiscal court appointees beginning on January 1st during even-numbered years and the terms of nurses, engineers, optometrists, veterinarians, and consumer lay appointees beginning on January 1st during odd-number years.

GENERAL INFORMATION

_____Miss _____Mrs. _____Ms. _____Mr. _____Other (MD, RN, RPh, DMS, Etc.)

Name: ________________________________

Mailing Address: Street ________________________________ P.O. Box # ______

City ____________________________, Kentucky Zip__________

County of Legal Residence ________________________________

Home Phone: ( ) ________________________________

Email: ________________________________

EMPLOYMENT INFORMATION

Place of Employment (company/agency name) ________________________________

Phone: ( ) ________________________________

Do you or your employer have a contract(s) with any county health department? Yes__ No__

PLEASE CHECK THE POSITION TO REPRESENT ON THE BOARD OF HEALTH

Consumer Representative: _________ Fiscal Court Representative _________

PROFESSIONAL REPRESENTATIVES (must have active license and practicing):

___Physician ___Dentist ___Registered Nurse ___Optometrist ___Engineer ___Veterinarian ___Pharmacist

Kentucky License Number: ________________________________

LAY REPRESENTATIVES (To be used when a professional representative is not available, no longer has an active license and/or no longer practicing)

___Physician ___Dentist ___Registered Nurse ___Optometrist ___Engineer ___Veterinarian ___Pharmacist

-OVER-
Are you currently serving as an elected member of a School Board?  __Yes  __No  

State officials, members of the General Assembly, superintendents of school districts, and members of local boards of education are **not** eligible for appointment to local boards of health. Such positions are considered incompatible under **KRS 61.080**.

Is this a (__) new appointment or (__) reappointment?

If a reappointment, how long have you served on the board?

_____0-5yrs  _____6-10yrs  _____11-15yrs  _____16-20yrs  _____20+yrs

Certain demographic information is essential to assure compliance with the Civil Rights Act of 1964 and state administered programs using federal funds. Other information is needed to assure that each board is diversely representative of Kentucky’s citizens.

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

1. **Race:**  ______American Indian/Alaskan Native  ______Asian  
   ______Black/African American  ______Hispanic/Latino  
   ______Hawaiian/Pacific Islander  ______White  
   ______Two or more  Other: ________________

2. **Age:**  _____18 thru 39  _______40 thru 54  _______55 and over

3. **Gender:**  ____Male  ______Female  ____Other  ____Prefer not to respond

THE CABINET FOR HEALTH AND FAMILY SERVICES DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE OR DISABILITY IN MAKING APPOINTMENTS TO BOARDS AND COUNCILS.

_________________________________________  _______________________
(Signature of Nominee)  (Date)

_________________________________________  _______________________
Submitted By: _______________________________  Date: ____________

Agency/Organization: __________________________  Date: ____________

MAIL, FAX OR EMAIL YOUR NOMINATIONS TO:

BRANDI HAWKINS  
DIVISION OF ADMINISTRATION & FINANCIAL MGMT  
275 EAST MAIN STREET, HS1W-C  
FRANKFORT, KY  40601  
FAX: (502) 564-0993  
Brandin.Hawkins@ky.gov

QUESTIONS: (502) 564-6663 Ext. 4110