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:

JASON BOLING
DIVISION OF ADMINISTRATION & FINANCIAL MGMT
275 EAST MAIN STREET, HS1W-C
FRANKFORT, KY  40601
FAX: (502) 564-0993
Jason.Boling@ky.gov

QUESTIONS: (502) 564-6663 Ext. 4139