

**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

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