

## Advisory Council Member Application

The Nevada Division of Public and Behavioral Health Child Care Advisory Council will use the following information to determine whether or not you qualify for appointment to Child Care Advisory Council. Please READ and CAREFULLY FOLLOW the instruction below:

1. Answer each question.
2. Return completed application and any attachments by **September 15, 2017** to:

Child Care Licensing  
Attn: Edith Farmer  
3811 W. Charleston Blvd. Suite 210  
Las Vegas, NV 89102

3. Provide current resume with application.
4. Please note that receiving this application does not imply you have been selected or appointed to be on the Child Care Advisory Council. You will be notified of any appointment.
5. Any questions should be directed to Edith Farmer – 702-486-0577.

**Application for Appointment to Child Care Advisory Council**

**Personal Information**

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Professional Information**

Present Employer: \_\_\_\_\_  
Name

Business Address: \_\_\_\_\_  
Street City State Zip

Job Title/Responsibilities: \_\_\_\_\_

Please list any professional affiliations, civic and/or community groups, etc. (use additional pages if necessary)

Please describe in detail why you would like to be on the Child Care Advisory Council (use additional pages if necessary)