CERTIFIED NURSE LIFE CARE PLANNER CERTIFICATION BOARD

APPLICATION FOR MEMBER POSITION
THE DEADLINE FOR APPLICATION SUBMISSION IS OCTOBER 2009

Complete this form and mail with resume to:

CNLCP CERTIFICATION BOARD
Attention: Glenda Evans-Shaw
PO Box 506, Amador City, CA 96501

You may also submit electronically by scanning this completed form, your license, and your CV then email all documents as a PDF attachment to Ms. Evans-Shaw at glenda@suttercreek.com

NAME: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: _____ BUSINESS TELEPHONE: _____

CELL: _____ FAX: _____ E-MAIL: _____

RN LICENSE #: _____ CNLCP CERTIFICATION #: _____ AANLCP MEMBER #: _____

PLEASE EXPLAIN YOUR INTEREST IN APPLYING FOR THE CERTIFICATION BOARD APPOINTMENT SUCH AS EXPERIENCE AND QUALIFICATIONS THAT YOU FEEL WILL CONTRIBUTE TO THE CERTIFICATION BOARD.

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SIGNATURE _____ DATE _____

DEADLINE FOR APPLICATION IS OCTOBER 1, 2009