



licensed practical nurse
association of nebraska

advocate. educate. support.

REGIONAL AMBASSADOR APPLICATION

PLEASE PRINT OR TYPE:

Name _____

Home/Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Telephone Number

Residence (____) _____ E-mail Address: _____

Nebraska LPN License Number _____

Please complete the following if employed full or part-time as a LPN:

Employer _____

Employer's Address _____ City _____ Zip _____

Work Telephone Number (____) _____

Regional Ambassador region you are applying for (give the number) _____

Give a brief explanation of why you would like to be a Regional Ambassador.

SIGNATURE OF APPLICANT _____ Date _____