Joe LombardoK
Governor

RICHARD WHITLEY, MS
Director

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIRECTOR'S OFFICE
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APPLICATION FOR APPOINTMENT BY THE DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO SERVE ON THE SUICIDE FATALITY REVIEW COMMITTEE

During the 2013 Legislative Session, AB 29 was passed to establish an independent, multi-disciplinary, suicide fatality review committee. This committee will gather data through a process that enables jurisdictions to come together in a collaborative forum to openly discuss detailed circumstances of a suicide death. Through the review process, the Committee will be able to identify and better understand risk factors and promote protective factors toward the prevention of suicide. The Committee shall submit a report annually to the Director that will include information regarding any trends or patterns in suicide fatalities or serious injuries or risk factors concerning those fatalities; In addition, this report will include any recommendations for changes in any law, policy or practice that may assist the Committee in preventing suicide fatalities in the state of Nevada.

The Committee must consist of the following 10 members appointed by the Director: (a) A county coroner or medical examiner or his or her designee; (b) One person who represents providers of health care; (c) One person who represents organizations having expertise in suicide prevention; (d) One person who represents organizations having expertise in the treatment of substance abuse and prevention; (e) One person who represents mental health agencies; (f) One person who represents law enforcement; (g) One person who represents injury prevention; (h) One person who represents Native American tribes; (i) One person who represents advocates for individuals and families with mental illness; and (j) One person who represents veterans. Four members will serve for a term of 3 years; three members will serve for a term of 2 years; and three members will serve for a term of 1 year. After this initial term, each member of the Committee shall serve for a term of 3 years and may be reappointed.

READ and CAREFULLY FOLLOW the instructions below.

1. The application packet includes a questionnaire (2 pages).

2. Please complete each question fully, attaching additional explanation(s), if needed.

3. Return the completed questionnaire and any attachments to:

Office of Suicide Prevention
Attn: Suicide Fatality Review Committee
4600 Kietzke Lane, B-114
Reno, Nevada 89502
OR return the application by fax to (775) 689-0565
or email: mvallen@health.nv.gov

4. Please also provide a current resume, biography, or curriculum vitae when you submit the application. The biographical information may be provided to the press upon your appointment.

5. Your receipt of this application packet does not indicate that you have been selected or appointed. Accordingly, please be cautious of making any statements to the effect until you have been specifically informed of your appointment. The Director's Office will notify you of your appointment if you are qualified and selected for the Position.

6. Please direct any questions you have regarding the contents of this application packet or the process to Misty Vaughan Allen, Suicide Prevention Coordinator at (775) 684-2236.

Application for Committee to Review Suicide Fatalities Appointment

Completion of this application packet is a requirement for your appointment to the Suicide Fatality Review Committee. Information submitted on this form may be subject to public disclosure under NRS Chapter 239, Public Records. Attach additional sheets for additional space if needed for explanations. Fields with asterisk (*) indicate required information.

***Date of Application:**

BIOGRAPHICAL INFORMATION

***Legal Name:** ☐ Mr. ☐ Ms. ☐ Mrs. ☐ Other

***Last:** ***First:** ***Middle:**

***Have you ever been known by any other legal name?** ☐ Yes ☐ No ***If "Yes" list and explain below:**

***Date of Birth:** **Are you a U.S. citizen?** ☐ Yes **OR Country of Registration:**

Please Check One: ☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Hispanic ☐ Native American

***Are you a registered lobbyist?** ☐ Yes ☐ No ***If "Yes" list clients below:**

CONTACT INFORMATION

***Preferred Contact Address:** ☐ Residence Mail ☐ Business Mail ☐ Residence Email ☐ Business Email

***Residence Address:**

Street	City	State	Zip

Home Phone	Home Fax	Personal Cell Phone

Home Email	Personal Pager/Other	County of Residence

***Business Address:**

Company/Business Name	Title

Street	City	State	Zip

Business Phone	Business Fax	Business Cell Phone

Business Email	Business Pager/Other

Application for Appointment (continued)

PROFESSIONAL INFORMATION

***Present Employer:**

Company/Business Name | Supervisor's Name

Supervisor's Contact Address (if different from above) | City | State | Zip

Supervisor's Phone | Supervisor's Fax | Supervisor's Email/Other

Professional Licenses:

Explain on a separate page if not continuously active since issuance or in a name other than the legal name you listed above.

Type of License | License Number | Issuance Date | ☐ Yes ☐ No Continuously Active?

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Type of License | License Number | Issuance Date | ☐ Yes ☐ No Continuously Active?

EDUCATIONAL HISTORY

High School Attended or equivalence received (G.E.D.) | Year of Graduation | Degree Received

Undergraduate School Attended | Year of Graduation | Degree Received

Graduate School Attended | Year of Graduation | Degree Received

REFERENCES

Name | Title/Company | State | Zip

Name | Title/Company | State | Zip

Name | Title/Company | State | Zip

ADDITIONAL INFORMATION

***Please attach a résumé, as well as any additional explanatory information necessary per above.**

***Why do you wish to serve in this capacity?**

FOR OFFICE USE ONLY

1. Appointment Recommendation _____
2. To Replace _____
3. Representing _____
4. Length of Term _____
5. First Term Ends _____
6. NOTES: _____