



Area Nurse Ambassador Application

Rank _____ Serno # _____

Last Name _____ First Name _____ MI _____

Primary Email Address _____

Daytime Phone Number _____

Agency _____

HHS Region _____

Duty Station Location (City/State) _____

Job Title _____

Why are you interested in becoming a PHS Area Nurse Ambassador? *(Limit answers to space available)*

Provide a short paragraph describing why you should be selected for the Area Nurse Ambassador role.

(Limit answers to space available)

List formal education and/or professional activities.

(Includes, but not limited to, professional associations, PHS Activities, deployment teams, etc.)

- **Please attach a current Curriculum Vitae**
- **Submit completed application to the designated Regional Nurse Ambassador**
- **Please address questions to: LT Ramsey at terrin.ramsey@tchealth.org and CDR Coffey at Qiana.l.coffey@ice.dhs.gov**
- **[Please refer to N-PAC website for specific details for submission of the Area Nurse Ambassador application](#)**

Signature _____ Date _____