



**Georgia Society of Nursing Home Social Workers**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Business: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employed by: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Position: \_\_\_\_\_

Name of College Attending: \_\_\_\_\_

Address: \_\_\_\_\_

How Long: \_\_\_\_\_ Cumulative Grade Point Average: \_\_\_\_\_

Hours Completed: \_\_\_\_\_

\_\_\_\_\_ Attending Full time \_\_\_\_\_ Attending Part Time

Expected Completion Date: \_\_\_\_\_ Degree You Will Receive: \_\_\_\_\_

**GHCA & GSNHSW Involvement**

Are you an active GSNHSW Member? \_\_\_\_\_ Council: \_\_\_\_\_

Do you attend council meetings? \_\_\_\_\_ How often? \_\_\_\_\_

Do you attend annual Meetings? \_\_\_\_\_ How often? \_\_\_\_\_

Are you current with council dues? \_\_\_\_\_ State dues: \_\_\_\_\_

List offices you have held and the year held: \_\_\_\_\_

\_\_\_\_\_

Have you ever held a State Office? \_\_\_\_\_

List of State Offices held and the years held: \_\_\_\_\_

\_\_\_\_\_

Other GHCA Involvement: \_\_\_\_\_

Please submit proof of enrollment and grades along with letter from administrator regarding length of employment and work record.