

**MINNESOTA OPEN APPOINTMENT ACT
APPLICATION FOR SERVICE ON COUNTY/STATE AGENCY**

NAME OF AGENCY OR COMMITTEE YOU WISH TO SERVE ON:

Aitkin County Health & Human Services Advisory Committee

NAME OF APPLICANT: Kristine Layne

STREET ADDRESS OF APPLICANT:

35728 387th Ave

Aitkin, MN 56431

PHONE NUMBERS:

DAYS (218) 839-3336

EVENINGS _____

AITKIN COUNTY COMMISSIONER DISTRICT 1

Minnesota Statutes 15.0597, state that the application shall include a "statement that the nominee satisfies any legally prescribed qualifications and any other information the nominating person feels be helpful to the appointing authority." (May include employment, community service experience, or education that would be pertinent to this appointment)

I have a master's degree in Healthcare Administration
Have worked at Riverwood Healthcare for 14 years
I have served on several boards: CLC Curriculum Advisory, Aitkin Health Services Advisory Board,
and Minnesota Organization of Leaders in Nursing Board

Public Health and the Hospital frequently partner on community health endeavors.

I, the undersigned, hereby state that I satisfy, to the best of my knowledge, all legally prescribed qualifications for the position sought.

Kristine Layne
Signature of Applicant

12/5/17
Date

If applicant is being nominated by another person or group, the above signature indicates consent to nomination.

Is this application submitted by appointing authority? Yes

No

Is this application submitted at the suggestion of appointing authority? Yes

No

**Please return application to the Aitkin County Health & Human Services office, located at
204 - 1st Street NW, Aitkin, MN 56431**

For Office Use Only

Date Appointed: _____

Date of Term Expiration: _____

Term #: _____