



Arts in Health Care Artist Directory Application Form

CONTACT INFORMATION:

Name:	Daytime Phone:
Mailing Address:	Evening Phone:
City/Town:	FAX:
State/Zip:	Email:
Ethnic/Cultural Background:	Website:
Date of Birth:	Place of Birth:

PROFILE

Enter NISP Codes: (<http://www.nh.gov/nharts/grants/nisp.htm>)

Arts Discipline or *Primary Area of Applicant's Work* (enter one code only):

Race/Ethnicity of Group/Individual (Applicant Race):

EXPERIENCE

Please indicate the primary populations you have experience with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Acute care | <input type="checkbox"/> Cognitive disorders |
| <input type="checkbox"/> Elders/Seniors | <input type="checkbox"/> Palliative care | <input type="checkbox"/> Long-term residential |
| <input type="checkbox"/> Pediatric (children & youth) | <input type="checkbox"/> Psychiatric impairments | <input type="checkbox"/> Chronic disabilities |
| <input type="checkbox"/> In patient | <input type="checkbox"/> Out patient | <input type="checkbox"/> Communication disorders |
| <input type="checkbox"/> Drug/alcohol prevention | <input type="checkbox"/> Drug/alcohol rehabilitation | <input type="checkbox"/> Other (please explain) |

1. In what year did you/your ensemble start working professionally?

2. Are you currently or have you previously been listed on any of the NH State Arts Council's artist rosters or another state's artist roster?

☐ No ☐ Yes (circle all that apply) Year: State:

Arts in Education, Traditional Arts, Other (please explain):

3. Have you ever received an Artist Fellowship or Governors Arts Award from the NH State Arts Council?

☐ No ☐ Yes If so, what year? _____

(please note the artistic discipline: visual, crafts, music, theatre, dance, literary, media)

REFERENCES

Please print out three recommendation forms from the State Arts Council website:

<http://www.nh.gov/nharts/grants/docs/AIHRecForm.doc>

Send to three Arts in Health Care site coordinators who have observed your work.

Write names and contact information for your three references below.

You may also list other appropriate organizations, preferably health care related, in which you have worked over the past three years, noting: dates of work, primary contact person and contact information.

Recommendation # 1:

Contact Name:
Organization Name:
Address:
Email:
Daytime phone:
Website:

Recommendation # 2:

Contact Name:
Organization Name:
Address:
Email:
Daytime phone:
Website:

Recommendation # 3:

Contact Name:
Organization Name:
Address:
Email:
Daytime phone:
Website:

Other References:

Dates of Work:
Contact Name:
Organization Name:
Address:
Email:
Daytime phone:
Website:

Dates of Work:
Contact Name:
Organization Name:
Address:
Email:
Daytime phone:
Website:

BACKGROUND CHECK POLICY

Inclusion on the State Council Arts Council's Arts in Health Care Artist Directory is earned through a review process that evaluates past related experience, artistic quality, and the artist's communication skills. Due to the vulnerability of people in health care facilities, the State Arts Council requires artists to complete a Disclosure Form and submit it with this application as an attachment. The form is available on the State Arts Council website:

<http://www.nh.gov/nharts/grants/docs/DisclosureAttachmentRev.doc>

The Disclosure Form will not be shared with evaluators, but may be referred to the State Arts Councilors or Office of the New Hampshire Attorney General at the discretion of the NHSCA Director.

If the State Arts Council receives evidence that an artist has been convicted of a crime (felony or misdemeanor) in New Hampshire or in another state, the State Arts Council reserves the right to withdraw the privilege of being listed in our Arts in Health Care Artist Directory from that artist. The State Arts Council also reserves the right to delete a directory listing if that artist is under formal investigation for or is charged with a crime (felony or misdemeanor). Removal or suspension is not automatic; each case is reviewed individually.

CERTIFICATION

Please print out this form and sign.

I hereby certify that the foregoing statements are true and complete to the best of my knowledge, and that I, or at least one member of the applicant ensemble, is a legal resident of New Hampshire.

Signature

Date