

Application Form

Profile

John _____ R _____ Hardwick _____
 First Name Middle Initial Last Name

Home Address _____ Suite or Apt _____
 reno _____ NV _____ Postal Code _____
 City State

Email Address _____

Western Emergency Physicians _____ Emergency Physician _____
 Employer Job Title

Home: _____
 Primary Phone Alternate Phone

How long have you lived in Washoe County? *

6-10 years

What district do you live in? *

District 2 - Commissioner Clark

Find your Commissioner District [HERE](#).

Interests & Experiences

Which Boards would you like to apply for?

Emergency Medical Services Advisory Board: Submitted

Question applies to Emergency Medical Services Advisory Board

Are you currently a member of the Prehospital Medical Advisory Committee?

Yes No

Question applies to Emergency Medical Services Advisory Board

Why are you applying for this position and what relevant experience do you have for this role?

I am a board certified emergency physician working at Renown Emergency Department. I am also the medical director for both Sparks Fire Department and Reno Tahoe Airport Fire Department. I am also the president of Nevada Chapter of the American College of Emergency Physicians.

Question applies to Emergency Medical Services Advisory Board

John R Hardwick

Do you have personal aspirations or perceived conflicts of interest that could be impacted by board service?

I do not believe so

Please tell us about yourself

Why are you interested in serving on this board/commission?

I am interested in the health outcomes of our community and improving and reviewing our prehospital system

How do you feel you are qualified to serve on this board? Include any past experience, as well as serving on other board/commissions.

I have over a decade experience as an emergency physician, serve as the medical director for 2 area fire department and am active in helping create and review prehospital protocols for Washoe County.

Do you currently serve on any boards/committees or volunteer?

Yes No

If yes, please list the boards/committees or volunteer programs.

American College of Emergency Physicians - Nevada Chapter President Washoe County Medical Association- President Elect

[JH_resume_24.pdf](#)

Upload a Resume

Please attach a letter of recommendation.

Please Agree with the Following Statement

I certify that, to the best of my knowledge, the information I have provided in this application is true and correct. If the information provided is false or incomplete, it shall be sufficient cause for disqualification or removal.

I Agree

Demographic Information

The purpose of collecting demographic information is to gain a comprehensive insight into the applicant pool. It is important to note that none of the demographic questions will affect the selection process for a position, ensuring that everyone has an equal opportunity to be considered.

What is your age range? *

35-44 years old

What gender do you identify as? *

Male

Which race/ethnicity best describes you? *

White / Caucasian

What is your highest level of school completed? If enrolled, highest degree received? *

Professional degree (e.g. DCM, LLB, PharmD)

What is your employment status? *

Employed full-time

What is your total household income? *

More than \$200,000

Current or Past Washoe County Leadership Academy (WCLA) participant?

Yes No

Nepotism

Are you a current employee of or related to anyone employed by Washoe County by blood or marriage?

Yes No

If yes, list the names and relationship of all persons you are related to. If you are an employee, list "Washoe County Employee" below:

Please note that after submitting your application, it becomes part of the public record and is available for public viewing. Personal information is redacted.