

# City of Lincoln Appointment Application

## PERSONAL INFORMATION

**Application Date:** 3/27/2013  
**Salutation:** Dr. **Applicant Name:** Haecker, Nathan  
**Legal Residence:** 1931 South Pershing Road **City/State/ZipCode:** Lincoln, NE 68502  
**Residence Telephone:** (402) 672-6471 **Business Telephone:**  
**Applicant Occupation:** family physician **Employer:** University of Nebraska-Lincoln  
**E-mail Address:** nathanhaecker@gmail.com  
**Affirmative Action Information: Sex** Male **Racial/Ethnic Background:** Caucasian/White

## EDUCATION

Creighton University, Omaha, NE 2001-20005, MD  
Creighton University, Omaha, NE 1997-2001, BA Psychology

## PRESENT OR PREVIOUS COMMUNITY/VOLUNTEER ACTIVITIES

NE Army National Guard Medical Command Unit, Field Surgeon/Captain, 2001-2009  
Operation Iraqi Freedom Deployment, Camp Taji, Iraq, 2009  
Lincoln Medical Education Partnership, Board of Directors Resident Member 2007-2008  
BryanLGH Physician/Nurse Liaison Committee 2007-2008  
Nebraska Academy of Family Physicians Resident Director 2006-2007  
Nebraska Academy of Family Physicians, Scientific Affairs Committee Member 2006-2007  
St. Elizabeth Regional Medical Center, Perinatology Committee Member 2006-2007  
Nebraska Unicameral Legislature, Family Doctor of the Day Volunteer 2007-2008

## EMPLOYMENT

University of Nebraska-Lincoln, University Health Center 2008-present  
Lincoln Medical Education Partnership, Lincoln, NE, Family Medicine Residency Program, 2005-2008

## Board(s) Requested

Lincoln-Lancaster County Board Of Health