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**2019 Delegate Application for General Assembly**

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| Name: |  | | | | | | | | | | | | | Member ID: | | | | |  | | | |
| Address: |  | | | | | | | | | | | | | Cell Phone: | | | | |  | | | |
| City: |  | | | | | | | | | | | | | Alt Phone: | | | | |  | | | |
| Email: |  | | | | | | | | | | | | | | | | | SSN: | | | | |
| *Check appropriate box(s)* | | President | | | | | President | | | | President | | | | | | | | President | | | |
| Chapter: | | Northern | | | | | West Central | | | |  |  | Jersey Shore | | | | | |  |  | Southern | |
| President |  |  | P-Elect |  |  | P-President | |  |  | Treasurer | | | | |  |  | Secretary | | |  |  | ECC Chair |

|  |  |  |
| --- | --- | --- |
| **QUALIFICATIONS:** | **YES** | **NO** |
| Current active membership in ENA. |  |  |
| Attended 50% of all scheduled meetings of State Council. |  |  |
| Attended 50% of all scheduled meetings of Chapter. |  |  |
| Served in an ***elected*** position at the Local, State, or National level during the past three years: |  |  |
| Served in an ***appointed*** position at the Local, State, or National level during the past three years: *(please specify) ECC Program Committee* |  |  |
| **Participation in at least one (1) of the following activities related to emergency nursing since the**  **previous General Assembly: (list what you did)** | | |
| Lecturer (other than that which is required by job): (list) TNCC/ENPC |  |  |
| Projects (public education, chapter fund-raising, etc.): (list) |  |  |
| Research in emergency nursing: (list) |  |  |
| Publish on topics t emergency care: (list) |  |  |
| Chapter delegate to last ECC Annual Meeting |  |  |
| Other activities:(list) |  |  |
| Interested in being mentored as a delegate |  |  |

*\*I verify that the above information is correct. I understand the roles and responsibilities of a delegate and/or alternate in ENA General Assembly. Failure to comply with the above responsibilities will affect eligibility for reimbursement.*

# \*Applicant Signature: Date:

**Approved by Chapter President: Date:**

**Approved by State President: Date:**

**APPLICATIONS MUST BE RECEIVED BY STATE COUNCIL PRESIDENT BY: June 01, 2019.**