

Mississippi School Nurses Association

Candidate Data Form

DUE FEBRUARY 28

INSTRUCTIONS: POTENTIAL CANDIDATES ARE STRONGLY ENCOURAGED TO TAKE THE TIME TO PROPERLY PREPARE THIS DOCUMENT INTO A PROFESSIONAL PIECE REFLECTING COMMUNICATION SKILLS AND PROFESSIONALISM. SINCE THE INFORMATION ENTERED INTO THIS FORM WILL BE REPRODUCED AS IS, WITH NO EDITING, PLEASE BE CERTAIN TO SUBMIT AN ACCURATE AND COMPLETE DOCUMENT.

INCOMPLETE OR ILLEGIBLE DOCUMENTS WILL NOT BE ACCEPTED AND WILL BE RETURNED.

ITEMS WILL BE INCLUDED ON THE MSNA WEBSITE MEMBERS ONLY SECTION AND INCLUDED WITH THE CONFERENCE REGISTRATION INFORMATION.

- 1) Full name with credentials (RN, BSN, NCSN)
- 2) Position that you are seeking
- 3) Contact Information
Work address, phone number, and e-mail
- 4) Education (up to three)
Institution
Degree/Year
- 5) Awards, achievements, and honors
- 6) Current Employer and Job Title
- 7) Other employment
- 8) MSNA Offices, Committees or Appointments
- 9) NASN Offices, Committees or Appointments
- 10) Work in other associations or organizations
- 11) Community Involvement
- 12) Other information that you want to provide
- 13) If elected, how will you contribute to the future of MSNA in regard to membership, professional advocacy and collaboration.

CERTIFICATION

I CERTIFY THAT ALL OF THE INFORMATION ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO FOLLOW ALL MSNA GUIDELINES AND BI-LAWS AS A LEADER OF THIS ORGANIZATION SHOULD I BECOME A SUCCESSFUL CANDIDATE.

CANDIDATE'S SIGNATURE: _____

DATE: _____