**NATIONAL ASSOCIATION OF SCHOOL NURSES CANDIDATE DATA FORM**

**Due: Midnight EST, March 15**

**Qualifications for NASN Office:**

1. Be a current active NASN member who is working in the field of school nursing and who has been a member of NASN for no less than 4 consecutive years immediately prior to nomination.
2. Be a current active member of an affiliate association.
3. Have served on the NASN Board of Directors for at least one term, or served as an officer of an affiliated organization for at least one term.
4. The candidates nominated for nominating committee membership shall meet requirements 1 and 2 above and shall have previously served on the NASN Board of Directors.
5. Nominated candidates for office, if elected, may not serve concurrently as an officer of an affiliate association nor as an NASN Director. If elected to NASN office, candidates must resign from any elected affiliate position or office.
6. NASN members may self-nominate by completing the full application online described in How2Guide 109 under Applicant Responsibility and submitting the required materials as directed prior to March 15 at midnight EST.

**TO THE NASN NOMINATING COMMITTEE:**

My name is:

I have read and understand the eligibility criteria and I am declaring my candidacy for the NASN office of:

I am a current member of the following NASN affiliate organization:

My NASN membership number is:

The NASN Nominating Committee requires that you certify your declaration of candidacy for NASN office by submitting an electronic signature. Read the text below and provide an electronic signature (type your name). Initial the box to the right of your electronic signature to certify your declaration.

Signed:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My initials in this box certify that

I am declaring my candidacy for the NASN office noted above with my electronic signature.

## CANDIDATE DATA FORM

**Instructions**: *Potential candidates are expected to take the time to properly prepare this document into a professional piece of writing that reflects personal 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, complete and well-written document.*

*Incomplete or illegible documents will not be accepted for review.*

*Items marked with an \* (numbers 1, 3, 7 , 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21) will be included on the NASN website and included with the ballot according to procedures in How2 Guide 109.*

1. \* Candidate’s Full Name (will be used in all official documents as typed) and up to four credentials (e.g. RN, MS, PHD, CSNO):
2. NASN Member Number:
3. \* Elected Position Sought:
4. Form of Address (Ms., Mrs., Dr., etc.):
5. Sex:

1. Contact Information:

Home Address:

Email Address:

Telephone-

Home:

Work:

Fax:

Business Address:

Email Address:

Telephone-

Home:

Work:

Fax:

Preferred Mailing Address (Home Or Work):

Preferred Email Address (Home Or Work):

1. \* Current NASN affiliate membership with which you will be identified in all election related materials:
2. \* Major Clinical, Teaching, or Practice Areas (mark all that apply)

|  |  |
| --- | --- |
| Administration/Management |  |
| Consultant |  |
| Educator |  |
| Clinical Research |  |
| School Nurse |  |
| Elementary |  |
| Secondary |  |
| Postsecondary |  |

9. \* Education (Enter up to three degrees earned, starting with the highest and ending with the lowest degree)

Educational Institution 1:

Area of Study:

Degree/Diploma Year:

Educational Institution 2:

Area of Study:

Degree/Diploma Year:

Educational Institution 3:

Area of Study:

Degree/Diploma Year:

10. \* Awards, Achievements and Honors:

11. \* Employment:

Present Employer:

Current Title/Position:

From:

Description of Responsibilities and Work Setting:

12. \* Other significant positions held (limit to three):

Position 1:

Employer:

From:       To:

Position 2:

Employer:

From:       To:

Position 3:

Employer:

From:       To:

13. \* Present NASN offices/appointments (From):

1. \* Past NASN offices/appointments:

From:       To:

1. \* Present NASN Affiliate offices/appointments (From):

1. \* Past NASN Affiliate offices/appointments:

From:       To:

1. \* Present offices/appointments in other associations (E.G. other specialty nursing organizations, national associations) (From):

1. \* Past offices/appointments in other associations (E.G. other specialty nursing organizations, national associations):

From:       To:

19. \* Publications significant to school nursing (limit 5, use APA-style references)

1. \* Presentations significant to school nursing (limit 5, use APA-style references)

1. \* Research significant to school nursing (limit 5, list organization, date and project title)

1. Involvement in community, state, or national healthcare concerns (provide specific information.):

1. Other information you would like to provide:

1. If elected, how would you contribute to the position with regard to the NASN strategic plan? Please explain below how you, if elected, would address each of the bulleted items. This narrative is separate from your narrative statement of view that you will submit on Form 302.

### Advancing implementation and/or development of the NASN Strategic Plan

### Increasing membership

* Development of future leaders
* Collaboration with other national organizations
* Advocacy for professional practice/children’s health issues
* What you see as key challenges to NASN over the next 2,5,10 years, etc.

### CERTIFICATION

I certify that all of the information on this form is true and accurate to the best of my knowledge.

I have read the campaign guidelines and agree to follow these should I become a nominated candidate.

Signed:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

My initials in this box certify that

I am declaring my candidacy for the NASN office noted above with my electronic signature.