**The Ohio State University Nurses Organization (OSUNO) is inviting you to submit your name as a candidate for one of the following leadership positions for your local bargaining unit. The terms of office for President and 2nd Vice President and eligible Board of Directors positions are for two (2) years commencing January 1, 2021. Applications with a short nursing biography must be submitted to Jessie Frymyer, OSUNO Secretary, no later than 5:00 p.m. on October 9, 2020. You can contact Jessie by e-mail at** [**jessie.frymyer.osuno@gmail.com**](mailto:jessie.frymyer.osuno@gmail.com) **if you have any questions or to submit your nomination.**

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| **Open 2021-2022 Officer Positions** | **Open 2021-2022 Board of Director Positions** |
| * President | * Harding 2, 3, 4 |
| * 2nd Vice President | * PeriOp UH * Med/Surg James & CNS/Educators |
|  | * UH Procedural |
|  | * Ross Procedural |
|  | * Off Site Clinics 1 (sites TBD) |
|  | * Off Site Clinics 2 (sites TBD) |
|  | * ED/CDU/11Obs/UH PICC/UH STAT |
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| I would like to be considered a candidate for the following open position:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (All of the following information is required)  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Home E -mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unit where I work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of years in the bargaining unit: \_\_\_\_\_\_\_\_\_\_\_\_  **\*\*\*Please submit a short nursing biography with this form to be included on the ballot\*\*\*** | |
| I wish my name to appear on the OSUNO ballot as follows:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (please print)  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |