

## FL- GAPNA Board of Directors Nomination Form

Name: Gusti Labatte-Deneau

Email: gusti@exceptionalcarechoice.com

Phone: 917-207-4785

Address:

Company and title: ARNP ANP

Please select the office you intend to serve.

\_\_\_\_ President Elect \_\_\_x\_\_\_\_ Secretary

Describe in 250 words or less your professional experience in geriatrics, why you would like to run for office and what unique qualities you would bring to the chapter. This will be included with the ballot

I am nominating Gusti because she has expressed desire to be elected for this position. Gusti is new member to the organization and she is already ready to become fully involved, which I believe is commendable. In this position I believe she can learn more about the organization and grow into one of our future leaders. I started as secretary and I learned that one has to be committed to be involved in this organization; this position if elected will allow her to be fully committed.