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**ALASKA SCHOOL NURSES ASSOCIATION (ASNA)**

**CANDIDATE DATA FORM**

**Qualifications for ASNA Office:**

1. Be a current active ASNA/NASN member who is working in the field of school nursing.
2. Who has been a member of ASNA/NASN for no less than one year immediately prior to nomination.
3. Be a current active member of an affiliate association.
4. ASNA/NASN members may self-nominate by completing the full application packet and submit the packet to the chair of the nominating committee.

**TO THE ASNA NOMINATING COMMITTEE:**

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I am a current member of the following NASN affiliate organization: Alaska School Nurses Association

My ASNA/NASN membership number is:

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

**IT IS THE RESPONSIBILITY OF THE APPLICANT TO VERIFY RECEIPT OF FORMS AND MATERIALS TO THE NOMINATING COMMITTEE CHAIR.**



## 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.*

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. ASNA/NASN Member Number:
3. Elected Position Sought:
4. Form of Address (Ms., Mrs., Dr., etc.):

1. Contact Information:

Home Address:

Telephone-

 Home:

 Work:

 Fax:

Business Address:

Telephone-

 Home:

 Work:

 Fax:

Preferred Mailing Address (Home Or Work):

1. Practice Areas (mark all that apply)

|  |  |
| --- | --- |
| School Nurse | [ ]  |
| Elementary | [ ]  |
| Secondary | [ ]  |
|  | [ ]  |
|  |  |
|  |  |

7. 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:

8. Awards, Achievements and Honors:

9. Employment:

Present Employer:

Current Title/Position:

From: Click here to enter a date.

Description of Responsibilities and Work Setting:

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

11. Other information you would like to provide:

12. If elected, how would you contribute to the position? Please explain how you would address each of the bulleted items below.

* Increase membership and participation
* Improve member communication/network
* Improve public awareness of school nursing
* Improve continuing education opportunities for members
* Advocacy for professional practice/children’s health issues
* What do you see as key challenges to ASNA over the next two years.

If necessary, you may add pages to complete your responses.

### 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 job description and agree to follow these should I become a nominated candidate.

Candidate’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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