

## **Call for Nominations IANANT Executive Board members /Committee Chairs**

**For Term Beginning Jan. 1, 2019 – Dec. 31, 2020**

The IANANT Board of Directors has defined the competencies necessary to successfully serve in an IANANT executive leadership position. Please review these competencies and submit nominations for individuals you believe demonstrate the competencies. You may also nominate yourself. To review the competencies, visit member pages at <https://ianant.nursingnetwork.com/bylaws-and-meeting-minutes> Nominators and nominees must be IANANT active members.

I would like to nominate: Name/ Credentials: \_\_\_\_\_

Position nominated: **(You may nominate the individual for only one position in the same category. Options are limited to one position for executive position and/or one other position for committee chairs position).**

**Executive positions: (Only Members in the IANANT governing board past or present could be nominated to this position). Please check only one position.**

- ☐ President
- ☐ Vice President
- ☐ Secretary
- ☐ Treasurer
- ☐ Board Member

**Committee Chair Positions: (Any member of IANANT chapter in good standing could be nominated to these positions). Please check only one position.**

- ☐ Bylaws Chair ☐ Public Relations/ Communications Chair
- ☐ Membership chair ☐ Awards /Scholarship Chair
- ☐ Awards and Scholarship Chair ☐ Fund Raising Chair
- ☐ Editorial Board Chair ☐ Social and cultural Program chair
- ☐ Advance Practice Registered Nurses (APRN) Chair
- ☐ Professional development/Education Committee Chair

Is the nominee a current IANANT chapter member? Please circle. YES / NO

What Positions has the member held in the **local chapter/ Governing Board?**

Year\_\_\_\_\_ Position held\_\_\_\_\_

Year\_\_\_\_\_ Position held\_\_\_\_\_

Year\_\_\_\_\_ Position held\_\_\_\_\_

Email ID of the nominee\_\_\_\_\_

Phone No. of the Nominee\_\_\_\_\_

Fax No\_\_\_\_\_

What position has the nominee held in the **IANANT Governing Board?**

Year: \_\_\_\_\_ Position held: \_\_\_\_\_

Year\_\_\_\_\_ Position held: \_\_\_\_\_

Year\_\_\_\_\_ Position held: \_\_\_\_\_

Briefly describe why this candidate is being nominated

\_\_\_\_\_

Nominator's Name: \_\_\_\_\_

Nominator's e-mail: \_\_\_\_\_

Nominator's phone: \_\_\_\_\_

Have you informed the nominee of this nomination? Please check ( ) Yes ( ) NO (**It is mandatory that the nominee be notified and consent obtained before sending the nomination form**).

Please submit this form via:

- **E-mail: indianamericannurses@gmail.com**
- For more information call

**Alice Mathew, Election Officer (214-395-3902)**

Mail/ Email Nominations close by September 10, 2018