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NevPANA WILLINGNESS TO PARTICIPATE

NevPANA needs your help to build NevPANA’s future and keep our component running! We also need assistance with other tasks throughout the year. This is **YOUR** organization and **YOUR** opportunity to share your passion for our practice. **You can make a difference — please consider becoming involved!**

Please type the information and email completed form to the email address below.

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

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Employer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary area of work:**  **Hospital:** \_\_\_\_ **Outpatient Area:** \_\_\_\_\_ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PreAdmit**: \_\_\_\_ **Pre-op:**\_\_\_\_ **PACU:**\_\_\_\_  **Phase I:** \_\_\_\_ **Phase II:** \_\_\_\_ **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**License / Certification (check all that apply):** **RN**\_\_\_ **LVN** \_\_\_  **CPAN**\_\_\_ **CAPA** \_\_\_ **Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASPAN membership #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Best Phone number to reach you:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (Home or Cell) \_(\_\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone (W) \_(\_\_\_\_)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ext:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Preferred email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* I am interested in serving as a NevPANA Board member:**

President: \_\_\_\_\_\_ Secretary: \_\_\_\_\_\_

Vice President/President Elect: \_\_\_\_\_\_\_ Southern Member-at-Large: \_\_\_\_\_\_

Treasurer: \_\_\_\_\_\_ Education Chair: \_\_\_\_\_\_

Northern Member-at-Large: \_\_\_\_\_\_\_\_

(Officer job descriptions available on website or per email request)

**\* I am interested in participating in the following areas for NevPANA: (Please number preferences in order.)**

Membership Recruitment:\_\_\_\_\_ Writing and/or Editing Newsletter Publications: \_\_\_\_\_

Education: \_\_\_\_\_\_\_ Strategic Planning: \_\_\_\_\_\_

Outreach: \_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_

Southern Education Committee: \_\_\_\_\_\_\_ Not sure but willing to help: \_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Please email the completed form to:***

# **NevPANA**

**debrabennett99@gmail.com**