



Secretary Application Form

NAME: _____

ADDRESS: _____

COUNTY: _____ REGION: _____

TELEPHONE (H) : _____ (W) _____ (C) _____

E-MAIL ADDRESS: _____

CURRENT POSITION: _____

NUMBER OF YEARS EMPLOYEED AS A SCHOOL NURSE: _____

EDUCATION (include basic preparation through highest degree held)

Degree	Institution	Major Area of Study	Year Degree Awarded

NASN ID # _____; NCSN ____ Yes ____ NO; Interested in testing for NCSN ____ Yes ____ No

PROFESSIONAL ORGANIZATIONS (List all organization of which you are a member, any offices held in the organization and the date that office was held).

Please use the back of this sheet to provide a short (150 words or less) statement of what you would like to work toward during your term as Secretary.

ASNA
PO Box 380
Cabot, AR 72023

Kathy Launder, RN
ASNA - President
479-856-5940
klauder@sdale.org