WESTERN INSTITUTE OF NURSING
2008 NOMINATION FORM

(If you wish to be considered for more than one position, please submit a separate form for each one.)

APPLICANT INFORMATION

(Please print or type)

I am submitting my name for consideration for the following position:

- ☐ President-Elect
- ☐ Secretary-Treasurer
- ☐ Governor Representative of Nursing Education
- ☐ Governor Representative of Nursing Practice
- ☐ Nominating Committee, Position #1

Name and Credentials: _____

Educational Preparation: _____

Title/Position: _____

Agency: _____

Complete Mailing Address: _____

City/State/Zip: _____

Phone: (W) _____ (H) _____

FAX: _____ Email: _____

REQUIRED NOMINATIONS MATERIALS

To be considered complete, each signed nomination form (see below) must be accompanied by:

1. A one-two page resumé for the Nominating Committee's use in which the following are addressed:
   - Nominee's professional background.
   - Nominee's involvement in WIN, both length of service and experience.
   - Nominee's experience as it relates to the position (leadership, policy experience, or other relevant experiences).
2. A candidate statement. The Candidate Statement, as you submit it, will be included in the Slate of Candidates. Please make sure your name, title, institution, and city/state appear at the beginning of the document. In **100 words or less**, include the following information in your candidate statement: (1) your **qualifications**, (2) how you would contribute to the **functions** of the WIN Board, and (3) your **goals and purposes** for serving on the WIN Board. Please note: All nominees whose names are placed on the slate of candidates will be required to adhere to the 100 word limit.

Please email your materials to win@ohsu.edu.

CONSENT TO SERVE

If elected, I am willing to carry out the responsibilities of the position. I understand that WIN currently does not reimburse for travel expenses for the Member Assembly; and that I will assume the cost of registration fees and travel expenses associated with the major meetings of WIN.

Signature: _____ Date: _____