



Nomination & Consent to Serve Form

If you wish to run for office, please fill out this form and return it to the NJSNA office.

Please print or type. All fields are required:

Name: _____ NJSNA Member No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

I want my name placed on the ballot for _____

Area of Practice: _____

Education (Please check those levels you have completed and indicate degree):

Diploma Associate Degree Baccalaureate (Specify BSN/BA)

Master's (Specify MSN/MS/MA) Doctorate (Specify PhD/EdD/DNP)

Certification (Specify) _____ Area of Certification: _____

Current offices you hold in NJSNA or ANA (State/Region/National):

I am currently a member of NJSNA Region: _____

If elected to the above office, I promise to serve NJSNA to the best of my ability in the promotion of the platform adopted by the NJSNA membership in the best interest of nurses and nursing in New Jersey.

Signature: _____ Date: _____

Please submit this form plus 1) A description (200 words or less) about why you are interested in serving and what qualifies you for the office; 2) A copy of your curriculum vitae or resume; and, 3) Photograph in jpg format.

Return to: **NJSNA Nominating Committee**
c/o Sandy Kerr
1479 Pennington Road
Trenton, New Jersey 08618

Members interested in running or would like to submit a nominee for any of these offices must complete and return the **Consent to Serve** form to the attention of the NJSNA Nominating Committee. **Nominations will be accepted at NJSNA/IFN Summit October 11 at the NJSNA Business Meeting.**

NAME: _____

POSITION STATEMENT (Place cursor in box and type statement)