



NOMINATION FORMS

*All forms are due to the TNA, DISTRICT 3 by **5:00 p.m., January 31st, 2017***

ELIGIBILITY:

- *Texas Nurses Association, District 3 /Texas Nurses Association/American Nurses Association Members are eligible to run for all elected offices.*

NOMINATION FORM SUBMISSION

FORM A: Consent to be Nominated and to Serve

Anyone wishing to be considered as a potential candidate on the 2015-2017 TNA, DISTRICT 3 Ballot *must complete, sign and return this form. The form must be accompanied by the Biographical Data Form. No one will be placed on the ballot who has not submitted **both forms** needed for nomination.*

FORM B: Biographical Data

The Biographical Data form is used by the TNA, DISTRICT 3 Nominating Committee in determining the best possible slate of candidates for the 2015-2017 election. Potential candidates are encouraged to complete the entire form, and include all pertinent information they believe will assist the committee in its task. A curriculum vitae may be attached to the biographical form, **but it may not be submitted in lieu of a completed Biographical Data Form.**

Completed Nomination Forms A and B forms may be emailed to the Nominating Committee at tna3@usapathway.com. *Please insure that District 3 has all forms by January 31st, 2016*

PHOTO: Nominees are asked to submit a 3X5 or 5X7 photograph to be used in preparing ballot materials. This photo can either be mailed with Nomination Forms A & B or emailed to tna3@usapathway.com. The ballot will be produced and mailed/emailed to all eligible voting members.

THE PROCESS

The Consent for Nominations and the Biographical Data forms will be used by the Nominating Committee members to determine the best qualified candidates for the 2016-2018 ballot. After selection of ballot candidates, all those selected will receive notification.

Return this completed form along with Biographical Data (Form B) to: TNA, DISTRICT 3 NOMINATING COMMITTEE, tna3@usapathway.com This form may be filled in by (a) District/Organizational Unit and forwarded to nominee member for consent signature; or (b) by the individual seeking nomination.



NOMINATING FORM A

CONSENT TO NOMINATION & SERVICE

NO NOMINEE IS INCLUDED ON A SLATE WITHOUT HAVING SUBMITTED THIS FORM

Consent of TNA, DISTRICT 3 member to be nominated and to serve in office if elected

NOMINEE MEMBER:

NAME

ADDRESS

CITY/ST/ZIP

NOMINATED BY:

DISTRICT NURSES ASSOCIATION/ORGANIZATIONAL UNIT/SELF/OTHER

This nominee is recommended to the TNA, DISTRICT 3 Nominating Committee as a person qualified and willing to be nominated for placement on the 2015-2017 TNA, DISTRICT 3 Ballot. The term of office is as listed below and begins on July 1, 2015. Sign this form if you are willing to serve in this office if nominated. No officer or director of the TNA, DISTRICT 3 board shall serve concurrently as an officer or director of a board of another national or state association or body if such participation might result in conflict of interest to TNA, DISTRICT 3 or the individual as determined by the board.

Consent: I consent to having my name considered for placement on the 2017-2019 TNA, District 3 Election Ballot and to serve the District for the office term listed if elected for the elected position(s) of:

- Delegate
- Director
- President Elect
- Secretary/Treasurer

TNA Membership ID#: _____ Expiration Date: _____

Signature of Nominee

Date Signed

Return this completed form along with signed Consent (Form A) to: TNA, DISTRICT 3 NOMINATING COMMITTEE, tna3@usapathway.com



NOMINATING FORM B

MEMBER ID# _____

EXP DATE: _____

TEXAS NURSES ASSOCIATION, DISTRICT 3

Biographical Data for District 3 Elections

INSTRUCTIONS: Complete form in full. **PLEASE TYPE.** Please state information clearly and succinctly. Attachments will not be accepted in lieu of this completed form. **DO NOT USE ABBREVIATIONS.** All personal information will be confidential within TNA, DISTRICT 3.

Form of Address: Ms. Miss Mrs. Mr. Dr. Other

Name (as you wish it to appear on official documents)

Home Address

Business Address

City/State/Zip

City/State/Zip

Phone # (include area code and any extensions)

Phone # (include area code and any extensions)

Alternate Phone (include area code)

Work Fax (include area code)

Preferred E-Mail

Work E-Mail

Preferred Mailing Address: Home Business

DEMOGRAPHICS:

Race/Ethnic Group:

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/African American
- Hispanic
- White
- Other

Information on ethnicity is used only for affirmative action purposes.

Education: (begin with highest degree earned)

Degree/Diploma

Area of Study

Year Obtained

Educational Institution

Current Certification

Expires

NOMINATING FORM B/page 2

Employment:

Present Employer: _____

Position/Title: _____

Length of Employment (From/To): _____ to _____

Description of Present Employment Position (includes major clinical, teaching, or practice area, field/place of employment and responsibilities): _____

Other Significant Employment Positions Held:

| <u>Employer</u> | <u>Position</u> | <u>From/To</u> |
|-----------------|-----------------|----------------|
| | | |
| | | |
| | | |

Association Activities:

Instructions: List offices/appointments/activities for the past ten years under each level. Give titles and terms of service. (Use back of sheet if additional space is needed)

| <u>TNA, District 3</u> | <u>Office/Appointment/Activity</u> | <u>Term (From/To)</u> |
|------------------------|------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

| <u>State TNA</u> | <u>Office/Appointment/Activity</u> | <u>Term (From/To)</u> |
|------------------|------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

| <u>ANA</u> | <u>Office/Appointment/Activity</u> | <u>Term (From/To)</u> |
|------------|------------------------------------|-----------------------|
| | | |
| | | |
| | | |
| | | |

Other Related Activities (other association/society memberships, offices, projects and community, state or national activities you feel are relevant to your biographical demographics for election).

NOMINATING FORM B/page 3

List reasons you should be elected (include any work related or other elected office experience you feel will assist you in fulfilling your official duties):

List any other information you would like to provide:

I understand and agree that the information provided is the information that will be used by the Nominating Committee in determining a slate of candidates for the 2015-2017 TNA, DISTRICT 3 Ballot; and that if selected as a candidate, this information **will be** used to prepare the official Candidate Biography that will be provided to the TNA, DISTRICT 3 members with the official ballot.

Signature of Nominee

Date Signed

Date Due in TNA, DISTRICT 3: by 5 p.m. – January 31st, 2017