

TNA CANDIDATE NOMINATION FORM

Due to the TNA office by 5:00 p.m., Dec. 1, 2016

Eligibility

- ▶ *Texas Nurses Association/American Nurses Association* members are eligible to run for all elected TNA offices.
- ▶ *TNA Direct Members* **are not eligible to run for elective office.**

Application

1. Include:

- Part A: Consent to Nomination and Service** – *No one will be placed on the ballot who has not submitted their consent for nomination.*
- Part B: Biographical Data** – Potential candidates must complete and return this form. In addition please submit your résumé or curriculum vitae to provide additional information to the TNA Nominating Committee. If you submit this form online, you can attach your CV or résumé to the submission or email separately to TNA@Texasnurses.org or fax to 512-452-0648.
- Part C: Candidate Platform**

2. Submit:

- **Electronically** – Complete the form below and click “Submit Form” at the end. This will attach your completed form to an email for you to send to TNA.
- **By Hard Copy** –
 - Complete the form below electronically and click “Print” at the end.
 - Printed forms can be faxed to 512-452-0648 or mailed to Texas Nurses Association, 8501 N. MoPac Expressway, Suite 400, Austin, TX 78759

Nomination Process

The full Nomination Form will be used by the Nominating Committee members to determine the most qualified candidates for the 2016 ballot. After selections have been made, the slated candidates will receive notification. At that time, candidates will be asked to submit a high resolution photograph to be used in preparing balloting materials.

The 2017 election will occur at the House of Delegates (HOD), April 29, 2017 in Georgetown, Texas. Please refer to the Campaign Guidelines on the TNA website for more information about slated candidate participation at the HOD.

TNA CANDIDATE NOMINATION FORM

PART A: CONSENT TO NOMINATION AND SERVICE

No nominee will be considered for candidacy without submitting the completed PART A of this form.

Nominee (Must be a current TNA/ANA member):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

TNA District #: _____ Membership ID #: _____ Exp. Date: _____

Nominated By*:

This nominee is recommended to the TNA Nominating Committee as a person qualified and willing to be nominated for placement on the 2017 TNA Ballot. The term of office is listed below and begins on July 1, 2017 (except for ANA Membership Assembly Representatives whose terms begin upon election). No officer or director of the TNA board shall serve concurrently as an officer or director of a board of another state or national association or body if such participation might result in conflict of interest to TNA or the individual as determined by the board.

**Nominations can be made by TNA Districts, Committees, and Task Forces or by an individual – nominating another person or self-nominating*

Office:

- Secretary/ANA Membership Assembly Representative Alternate (2 years, 2017-2019)
- Treasurer/ANA Membership Assembly Representative Alternate (2 years, 2017-2019)
- Board of Director At-Large (3 years, 2017-2020)
- Board of Director Small District (Not Districts 3, 4, 5, 8 or 9) (3 years, 2017-2020)
- Nominating Committee Member At-Large - 2 positions (2 years, 2017-2019)

Consent:

- I consent to having my name considered for placement on the 2017 TNA Election Ballot and to serve the Texas Nurses Association for the office term listed if elected to the position indicated above.

Signature: _____ Date: _____

The candidate must sign this form if they are willing to serve in this office if nominated.

By providing my electronic signature above, I understand that the TNA Nominating Committee will consider potential candidates utilizing the TNA Board Policies Regarding Nominations & Elections for TNA Offices as amended at the 2015 TNA House of Delegates. I also understand that consenting to serve does not guarantee that the TNA Nominating Committee will select me as a candidate for office.

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PART B: BIOGRAPHICAL DATA

Instructions:

Complete form in full. State information clearly and succinctly. Attachments will not be accepted in lieu of this completed form. Do not use abbreviations for organizations. All personal information will be confidential within TNA.

The information provided in this part of the nomination form is the information that will be published in the final ballot distributed to voters. Potential candidates are encouraged to complete the entire form as thoroughly as possible. In addition please submit your résumé or curriculum vitae to provide additional information to the TNA Nominating committee to determine the best possible slate of candidates for the 2017 election. If you submit this form online, you can attach your CV or résumé to the submission or email separately to tna@texasnurses.org or fax to 512/452-0648.

Name and credentials as you wish it to appear on official documents, i.e. Susan Doe, MSN, RN

Home Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

Employer: _____
Work Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Preferred Mailing Address: Home Business

Education (begin with highest degree first)

Degree/Diploma: _____

Educational Institution/Granting Organization: _____

Area of Study: _____

Employment

Present/Most Recent Employer: _____

Position/Title: _____

Length of Employment (From - to): _____

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

Other Significant Employment Positions Held:

Employer: _____

Position: _____ From- To: _____

Employer: _____

Position: _____ From- To: _____

Association Activities:

List offices/appointments/activities for the past ten years under each level. Provide titles and terms of service.

ANA

Office/Appointment/Activity: _____ From-to: _____

Office/Appointment/Activity: _____ From-to: _____

TNA

Office/Appointment/Activity: _____ From-to: _____

Office/Appointment/Activity: _____ From-to: _____

Office/Appointment/Activity: _____ From-to: _____

District

Office/Appointment/Activity: _____ From-to: _____

Office/Appointment/Activity: _____ From-to: _____

Office/Appointment/Activity: _____ From-to: _____

Other ANA/TNA/District Activities

Related Activities (other association/society memberships, offices, projects, and community, state or national activities you feel are relevant. **Do not use abbreviations.**)

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 TNA 2017 Ballot; and that if selected as a candidate, this information will be used to prepare the official Candidate Biography that will be provided to TNA delegates with the official ballot.*

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PART C: CANDIDATE PLATFORM

Please state your views and opinions on what you believe to be the major issues before the nursing profession, the Texas Nurses Association, and, in particular, the elective office for which you are running.

PLEASE NOTE:

- The word limit for Secretary, Treasurer and Director is 200 words.
- The word limit for Nominating Committee Representatives is 100 words.

Your platform cannot exceed the specified length. Your platform will be stopped at the specified length and will not be corrected nor edited by TNA staff.

200 Word Platforms

100 Word Platforms

- I understand that the information I have provided above will be published in the biographical document accompanying the official elective ballot mailed to TNA members.***

Due in the TNA office by 5:00 p.m., Dec. 1, 2016

Mail: Texas Nurses Association, 8501 MoPac Expressway, Suite 400, Austin, TX 78759

Fax: TNA Nominating Committee at 512-452-0648

Email: Click "SUBMIT FORM" above and address the email to TNA@Texasnurses.org with "Candidate Nomination Form" in the subject line. Or save to your computer and attach to an email.