

NOMINATION and Consent to Run and Serve Form

DUE by 4 p.m. on Thursday, March 16, 2017

Please try to gather a signature from every person that you nominate, including yourself. We must have a signature (which serves as a consent to serve) from each RN before their name can appear on the ballot. You can submit by fax to ONA at 503-293-0013, or scan or photograph the form and email to Maureen Smith at smith@oregonrn.org. Questions? Call or text 541-556-8814.

Position	Nominee	Nominee's Home Unit	Signature— Consent to Serve
IV Therapy, Float Pool, Wound & Ostomy			
IV Therapy, Float Pool, Wound & Ostomy (<i>Alternate</i>)			
Labor & Delivery, Mother/Baby (<i>Alternate</i>)			
Emergency Department (<i>Alternate</i>)			