

# National Association of Licensed Practical Nurses, Inc.

## 2017 NOMINATION FORM

### **Bylaw Requirements for Nomination:**

#### **ARTICLE VII – OFFICERS**

##### **SECTION 4.**

Each candidate for any office shall have been a member of NALPN for the past three (3) consecutive years and shall have served as a delegate at no less than two (2) annual conventions of NALPN. A member of NALPN who is a member of the Board of another national Practical Nursing Organization is not eligible to serve as an officer of NALPN. If an officer of NALPN becomes an officer of another national Practical Nursing Association, that action shall be deemed a resignation from office in NALPN.

#### **ARTICLE VIII - NOMINATIONS AND ELECTIONS**

##### **SECTION 1.**

- c. The President, Treasurer, and 2 Directors shall be elected in the odd number years. The Vice President, Secretary and 2 Directors shall be elected in the even number years.

##### **SECTION 3.**

- a. At the Annual Convention, five (5) members shall be elected to serve on the Nominating Committee. The Chair and vice Chair shall be determined by the highest and second highest plurality vote. In the event of a tie for Chair, the Nominating Committee shall vote to determine the Chair from the two (2) tied members.
- b. Candidates for the Nominating Committee shall have been a member of NALPN for the past three (3) consecutive years and shall have served as a delegate at not less than two (2) Annual Conventions.

##### **SECTION 4.** The Nominating Committee shall:

- a. Solicit nominations from NALPN Members;
- b. Consider the qualifications of candidates proposed by membership and by the Nominating Committee;
- c. Secure the written consent and affirmation of all proposed nominees;
- d. Prepare a report of nominees for NALPN Executive Board and Nominating Committee with at least one (1) but not limited to one (1) name for each office to be filled and five (5) but not limited to five (5) names for the Nominating Committee; and
- e. Send a copy of the Nominating Committee report to the NALPN office at least sixty (60) days prior to the convention and a copy to all members at least thirty (30) days prior to the convention.

### ***Please indicate office of intent:***

President    Treasurer    Director    Director

### ***General Candidate Information:***

Full Name of Candidate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you currently a practicing LP/VN:    Yes    No

If yes, what area do you practice in? \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

If No, what is your current employment? \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

### ***Membership/Convention Attendance Information:***

State Association: \_\_\_\_\_ Yrs of Consecutive Membership: \_\_\_\_\_

Number of Conventions Attended: \_\_\_\_\_ Actual Years Attended: \_\_\_\_\_

Which years did you serve as a Delegate? \_\_\_\_\_

**Education Information:**

School of Practical Nursing: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

*If you did not graduate from a school of practical nursing, explain how you obtained your nursing preparation on a separate sheet of paper to be included with this nomination form.*

College/University: \_\_\_\_\_

Major/Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

If you did not graduate, please list the number of college credits received. \_\_\_\_\_

Other Educational Preparation: \_\_\_\_\_

**Association Involvement Information:**

**Elected Offices:**

NALPN \_\_\_\_\_ Dates Served: \_\_\_\_\_

NALPN \_\_\_\_\_ Dates Served: \_\_\_\_\_

State Association \_\_\_\_\_ Dates Served: \_\_\_\_\_

State Association \_\_\_\_\_ Dates Served: \_\_\_\_\_

Local Division/District \_\_\_\_\_ Dates Served: \_\_\_\_\_

Local Division/District \_\_\_\_\_ Dates Served: \_\_\_\_\_

**Committee(s):**

NALPN \_\_\_\_\_ Dates Served: \_\_\_\_\_

NALPN \_\_\_\_\_ Dates Served: \_\_\_\_\_

State Association \_\_\_\_\_ Dates Served: \_\_\_\_\_

State Association \_\_\_\_\_ Dates Served: \_\_\_\_\_

Local Division/District \_\_\_\_\_ Dates Served: \_\_\_\_\_

Local Division/District \_\_\_\_\_ Dates Served: \_\_\_\_\_

**Other Professional Offices:**

Organization: \_\_\_\_\_ Office: \_\_\_\_\_ Dates Served: \_\_\_\_\_

Organization: \_\_\_\_\_ Office: \_\_\_\_\_ Dates Served: \_\_\_\_\_

I wish to be nominated to serve as a member of the NALPN Executive Board or NALPN Nominating Committee as indicated above. I will serve to the best of my ability, attend all required meetings, and fulfill my prescribed responsibilities. The information submitted above is true to the best of my knowledge:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If this form is being submitted by an action of a Constituent State Association of NALPN, the State President must sign below. Otherwise, do not sign this portion of the form.*

State Association: \_\_\_\_\_

State President's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form via email, fax, or mail to:

[NALPN@caphill.com](mailto:NALPN@caphill.com) • 919-779-5642 Fax  
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