

National Association of Licensed Practical Nurses, Inc.

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:

___ Vice President ___ Secretary ___ 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:

nalpnoffice@gmail.com phone 920-663-8450
NALPN P.O. Box 1895 Manitowoc, WI. 54221