ON-PAC / NU-PAC Endorsement Criteria – Local Candidate and Measure Races

1. Requests will only be considered by ONA members;
2. ONA member making the request shall complete the survey below;
3. Survey shall be returned to ONA Government Relations staff member;
4. ON-PAC or NU-PAC Board will consider request and if accepted will trigger existing endorsement process described on the ONA website.

(Not applicable to legislative races or local entities with an existing ONA bargaining unit)

Local Endorsement Survey

Name of ONA member submitting endorsement request:

Name of candidate and office or measure description:

Date of election:

Alignment with the ONA Health Policy Platform or ONA values:

Impact on ONA members:

Impact on the nursing profession:

Impact on the labor movement:

Alignment with ONA labor partners or progressive allies: