

NOMINATION and Consent to Run and Serve Form

DUE by 4 p.m. on Monday, Jan. 29, 2018

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

Position	Nominee	Nominee's Home Unit	Signature— Consent to Serve
Orthopedics/ Neurology (Primary)			
Orthopedics/ Neurology (Alternate)			
IV Therapy, Float Pool, Wound & Ostomy, Observation Unit/ CDU (Alternate)			