



**SCNA OFFICER NOMINATION BIOGRAPHY FORM**  
**&**  
**CONSENT-TO-SERVE AS SCNA OFFICER**

Return To SCNA by: Email: [rosie@scnurses.org](mailto:rosie@scnurses.org)

Fax: 803-779-3870

Mail: SCNA, 1821 Gadsden Street, Columbia, South Carolina, 29201

**ODD YEAR OFFICERS TO BE ELECTED**

- Secretary/Treasurer
- Commission Chair- Public Policy/Legislation
- Commission Chair-Professional Advocacy and Development

**EVEN YEAR OFFICERS TO BE ELECTED**

- President - Elect
- Commission Chair-SCNA Chapters
- Director Seat 1
- Director Seat 4
- SCNA Nomination Committee
- Alternate SCNA Rep. to ANA Membership Assembly

\*\*Information below along with a head shot photograph will be printed in the July Issue *SC Nurse*.

**Please provide a headshot photo to SCNA no later than May 15<sup>th</sup>.**

\*\*NAME \_\_\_\_\_

PHONES: (O) \_\_\_\_\_

ADDRESS \_\_\_\_\_

(H) \_\_\_\_\_

\_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

\*\*CURRENT TITLE \_\_\_\_\_

\*\*EMPLOYER \_\_\_\_\_

EDUCATION: (circle highest level attained) A.D., Diploma, B.S.N., M.S.N., Ph.D, Other Masters \_\_\_\_\_ Other Doctorate \_\_\_\_\_

CURRENT AND PAST SCNA/CHAPTER ACTIVITIES: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\*\*BRIEF STATEMENT OF WHY YOU ARE RUNNING FOR THIS OFFICE(S): \_\_\_\_\_

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**IF ELECTED, I CONSENT-TO-SERVE AS AN OFFICER OF SCNA INDICATED ABOVE. I REALIZE MY CONSENT INCLUDES THE OBLIGATION TO ATTEND THE SCNA BOARD OF DIRECTORS MEETINGS AND ATTEND THE SCNA ANNUAL MEMBERSHIP MEETING AND STATE CONVENTION.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ 4/2010