



ACHNE 2019 Call for Nominations

Please check type of nomination (either Self-Nomination or Peer Nomination):

Nominator Contact Information: (Skip this section if self-nominating)

Name

Employer

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Country

Email Address

Phone Number

Nominee Full Name and Credentials (as it should appear on the ballot):

Current Position:

Current Employer:

Employer Address:

Street Address

Bldg / Fl / Ste / Rm

City / Town

State / Province

ZIP / Postal Code

Country

Email Address

Phone Number

URL of your work /
business home page, if
available

Home Address:

Street Address

City / Town

State / Province

ZIP / Postal Code

Country

Optional Email

Home Phone

ACHNE Membership Number:

Number of Years as ACHNE Member:

ACHNE Membership Renewal Date:

Enter Position Nominating for (Vice President; Secretary; General Member-at-Large/Chair of Membership; Midwest Member-at-Large; Northern Member-at-Large; Nominating Committee

ACHNE Board or Committee Experience (include position/role and term of office/service)

Additional Professional and/or Civic Board or Committee Experience (include position/role and term of office/service):

Candidate's Campaign Statement (250-300 words total, including your expertise and leadership background to your service in a leadership role in ACHNE):

Why are you interested in this office?

What expertise and leadership experience do you bring to this position?

What do you see as the major priorities or issues facing ACHNE and how would you contribute to addressing them?

By submitting this Nomination Application and Consent to Serve, you agree to the following:

I agree to have my name put on the 2019 ballot of the ASSOCIATION OF COMMUNITY HEALTH NURSING EDUCATORS (hereafter, ACHNE). If elected, I agree to serve the term and undertake the responsibilities specified by the ACHNE bylaws. I agree to have the above information included in a biographical sketch for inclusion with the ballot.

By completing this application I agree in good faith to attend the ACHNE meetings required for my office (e.g. Annual Institute and APHA). I understand that it is not the policy of ACHNE to fully reimburse elected officials for travel, hotel, or per diem expenses accrued while conducting authorized business for the Association.

I agree to send my CV and photo along with this form to Susan Harrington, Nominating Committee Co-Chair (harrinsu@gvsu.edu)