­

**2019-2020**

**BOARD OF DIRECTORS’ APPLICATION**



**NURSING STUDENTS’ ASSOCIATION**

**OF**

**NEW YORK STATE**

**(NSANYS)**

**Pre-Slate Deadline:**

**Wednesday, January 16th, 2019 by 11:59PM**

**\*Please note: all ELECTED 2019-2020 Board of Directors must stay overnight 2/9/19, in preparation for
​ the Transition meeting ​on Sunday morning.**

*Please**submit application and direct all questions to*

*Mary Andrews, the Nominations & Elections Director,*

*at* *nec.nsanys@gmail.com**.*

**SECTION 1: GENERAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NSNA Member #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_

Cell Phone #: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School of Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

City (of school): ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

Anticipated Graduation (Mo/Yr): \_\_\_\_

Type of Program (circle one):

 ASN / BSN

Other:­­­ \_\_\_\_\_\_\_\_

Current Nursing Licensure (circle one):

RN / LPN / None

# of credits for current semester: \_\_\_\_

# of credits for next semester: \_\_\_\_\_\_

List any leadership positions you’ve held (school/other): \_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_

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**SECTION 2: BOARD OF DIRECTORS’ POSITIONS**

*Rate 1-3, 1 being your most preferred position.*

EXECUTIVE BOARD:

\_\_\_President

\_\_\_Co-Vice President (2)

\_\_\_Secretary

\_\_\_Treasurer

\_\_\_Breakthrough-to-Nursing Director

\_\_\_Communications Director

\_\_\_Community Health Director

\_\_\_Policy & Education Director

\_\_\_*STAT* Editor

\*AUXILLARY BOARD (Regional Directors)

\_\_\_Regional Director of

 *Central, Genesee-Valley, Long*

*Island, Metropolitan, Mid-*

*Hudson, Northeast, Western*

\_\_\_I would like to be considered for Regional Director Chair/Nominations & Elections Director

\*Region to be determined at Transition Meeting

**SECTION 3: GOALS FOR OFFICE**

Please list three (3) detailed NSANYS-related goals (that you wish to accomplish as a member of the NSANYS Board).

Please list three (3) personal goals that you would hope to achieve by the end of the term by working with NSANYS.

**SECTION 4: NURSING DIRECTOR CONTACT INFORMATION**

*Complete with information of your Nursing Dean, Director or Chair,*

*whichever is applicable.*

This is my (circle):

Nursing Dean, Director of Nursing, Nursing Chair, Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #:\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (school office): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 5: CONSENT TO SERVE**

*“If elected, I promise to serve, the Nursing Students’ Association of New York State (NSANYS), to the best of my ability. I have read and understand the Rules of Engagement (which can be accessed at* [*www.nsanys.org*](http://www.nsanys.org)*), which are responsibilities I will be held accountable for. I am aware of the time and effort to fulfill the responsibilities for the office to which I may serve (approximately five-eight hours/week).*

*If elected, I am aware that my Nursing Director, from section 4 of this application, will be notified of my responsibilities to the organization. Additionally, my Nursing Director will also be notified if I am no longer a part of the organization during my elected term, for whatever reason that may be.*

*To the best of my knowledge, all statements on this application are true. I understand that any false statements, incompleteness, or failure to follow directions on this application may result in my disqualification as a candidate and/or potential NSANYS Office Holder.”*

Print Name: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

**SECTION 6: NURSING FACULTY ENDORSEMENT**

This section is to be completed by a nursing faculty or administrator that can attest to your character, dedication, and performance.

*It is the considered opinion of this faculty member that this student’s record of performance is satisfactory and that the applicant will be able to devote the necessary time and effort to the NSANYS responsibilities.*

Academic [ ] Unsatisfactory [ ] Satisfactory [ ] Excellent

Clinical: [ ] Unsatisfactory [ ] Satisfactory [ ] Excellent

Co-Curricular: [ ] Unsatisfactory [ ] Satisfactory [ ] Excellent

If elected, can this student expect support from the nursing faculty/administrative member for participating in official NSANYS activities that are required for fulfillment of responsibilities? [ ] Yes [ ] No (please explain on separate page of why not)

Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION 7: REQUIRED DOCUMENTS**

* Completed Application
* Resume and/or CV
* NSNA Membership Card
* Most Recent Transcript for Proof of Enrollment in Nursing Program
	+ You may black out your grades.