



**NURSING STUDENTS' ASSOCIATION  
OF  
NEW YORK STATE**

**2018-2019 *BOARD OF DIRECTORS*  
APPLICATION**

**DUE FEBRUARY 10, 2018 @ 11:59 PM**

# Nursing Students' Association of New York State



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## SECTION 1: GENERAL INFORMATION

NSNA Member #:

Expiration Date:

Name:

Email Address:

Mailing Address:

City:

State:

Zip Code:

Telephone Number: Cell Phone Number:

School of Nursing:

City:

Anticipated Graduation (Month/Year):

*(See Article IV Section 3)*

Type of Program:  Diploma  ASN  BSN  Other

Current Nursing Licensure:  RN  LPN  None

Number of credits for which you are enrolled in the current semester:

Number of credits for which you expect to enroll in next semester:

## SECTION 2: BOARD OF DIRECTORS POSITIONS

Please indicate your 1st, 2nd, and 3rd choice in priority order next to the corresponding position. To access descriptions of each position, please visit the following web page:

<http://www.nsanys.org/run-for-state-office.html>

\_\_\_\_\_ President

\_\_\_\_\_ Co-Vice President

\_\_\_\_\_ Secretary

\_\_\_\_\_ Treasurer

\_\_\_\_\_ Communications Director

\_\_\_\_\_ Breakthrough to Nursing Director

\_\_\_\_\_ Community Health Director

\_\_\_\_\_ STAT Editor

\_\_\_\_\_ Resolutions Chair

\_\_\_\_\_ Nominations and Elections Chair

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## SECTION 3: GOALS FOR OFFICE

Please list three (3) detailed goals that you wish to accomplish as a member of the NSANYS Board of Directors, and methods in which you plan to achieve your goals. In addition, please list three (3) personal goals that you would hope to achieve by the end of the term by working with NSANYS.



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## SECTION 4: SCHOOL FACULTY APPROVAL

- Information to be completed by a school faculty member, preferably a nursing professor 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 he/she will be able to devote the necessary time and effort to the NSANYS

Responsibilities:

- Academic:**    Excellent    Satisfactory    Unsatisfactory  
**Clinical:**    Excellent    Satisfactory    Unsatisfactory  
**Co-curricular:**  Excellent    Satisfactory    Unsatisfactory

If elected, can the student expect support from the school faculty member for participating in official NSANYS activities that are required for fulfillment of responsibilities?

- Yes    No

If "no," please explain on a separate page.

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## SECTION 5: CONSENT

If elected, I promise to serve the New York Student Nurses' Association to the best of my ability.

I am aware of the time and effort required to fulfill the responsibilities for the office to which I have been nominated. To the best of my knowledge, all statements on this application are true. I

realize that any false statements, non-completion, or failure to follow directions on this application may result in my disqualification as a candidate and/or potential NSANYS office holder.

Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure that the following items are included upon submission:

**Application**

**Resume or CV**

**Copy of your NSNA membership card**

To submit your application, please email this completed form, as well as the above listed supplemental documents, to Lindsay Roblyer, Nominations and Elections Chair, at **nec.nsanys@gmail.com**. Any questions may also be directed to this email address.