



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

**2017-2018 BOARD OF DIRECTORS APPLICATION
DUE SEPTEMBER 1, 2017**

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

Executive Board:

- _____ President
- _____ Co-Vice President
- _____ Co-Vice President
- _____ Secretary
- _____ Treasurer
- _____ Communications Director
- _____ Breakthrough to Nursing Director
- _____ Community Health Director
- _____ STAT Editor

Auxiliary Board:

- Regional Directors
- _____ Central*
 - _____ Mid-Hudson*
 - _____ Metropolitan*
 - _____ Long Island*
 - _____ Western*
 - _____ Northeast*
 - _____ Genesee*

*One individual will be selected as Chair.

If you wish to have to opportunity as Chair of the Regional Directors, please check this box.

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.

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 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, incompleteness, 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: _____

Ensure that the following items are included upon submission:

Application
Resume or CV

Please contact President Annie Nelson at pres.nsanys@gmail.com for more information.

Nursing Students' Association of New York State
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