Nomination Procedure for Special Election Region 6 Director 2018

**ONLY NURSING STUDENTS WHO ARE ENROLLED IN FALL 2017 AND WILL BE ENROLLED IN SPRING 2018 ARE ELIGIBLE FOR STATE OFFICE.**

To be considered as a candidate for office on the FNSA Executive Board the applicant must:

• Submit a complete candidate application including:

• Statement of experience and intent for FNSA office form

• Recommendation form

• Biographical information form

• Expectations form

• Provide proof of your current NSNA membership via a copy of your NSNA card or verification by a school consultant that membership application/dues have been sent.

• Provide proof of enrollment to an accredited nursing program during the fall semester of elections and during the spring semester in which applicant would hold office. Valid forms of proof include (only one needed):

• Receipt of paid tuition.

• Letter of acceptance from an accredited school.

• Letter from a faculty member verifying that a student is admitted and/or taking classes accordingly.

**APPLICATION IS DUE APRIL 4th by 11:59pm to** [**FNSApresident@gmail.com**](mailto:FNSApresident@gmail.com)

You will receive a confirmation email that your application was accepted within 24 hours of being sent.

COMMITMENT:

* If elected by the committee for this special election you will immediately be inducted as Region 6 Director.
* Requirements: Attend the following Board Meetings in Orlando FL at FNA Headquarters unless otherwise stated (will be reimbursed for gas and toll expenses)
  + May 19th, 2018 11am-3pm (FNA headquarters Orlando)
  + June 30th 11am-3pm (ZOOM meeting electronically)
  + August 4th, 2018 11am-3pm (FNA headquarters Orlando)
  + September 21, 2018 TIME TBA (Orlando- Hotel)
  + October 24th, 2018 TIME TBA (Daytona)
* Must attend ALL days of the FNSA convention (all expenses are paid)
  + October 24th-October 27th, 2018
* Refer to the FNSA Bylaws for the specific additional responsibilities for Regional Director
* Anything else mentioned in the Bylaws under officer expecations.

\*\*\*If you have any questions, please email [FNSApresident@gmail.com](mailto:FNSApresident@gmail.com) or call 561-329-4195 to speak with Sarah Thurlow- President. Your questions will be kept confidential from the rest of nomination committee and will not be held against you.

Nomination Committee:

* All applicants who submit their completed application by April 4th will have their application reviewed as candidates.
* The Nomination Committee will consist of all the current board members with the consultants overseeing.
* Preference will be given to those who live in Region 6 but all candidates will be considered holistically for what they can bring to FNSA.
* All candidates will be notified by email by April 9th, 2018 of the results.

Nominee/Candidate Statement of Experience and

Intent to Run for FNSA Office

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: Region 6 Director

NSNA Membership #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Graduation: \_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Available times on April 5th and 6th, 2018 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*The President reserves the right to provide a private one-on-one phone call for further questions if necessary when reviewing the application.*

• State your involvement in the NSNA/FNSA at the chapter (school) level. Please include activities, objectives and your accomplishments during this period:

• List any other positions you have held outside of FNSA that would help you to better serve as an FNSA Officer:

• If elected, what goals would you strive to accomplish and how do you plan to implement them?

• Specify what method you will use to keep lines of communications open between yourself and other board members, chapters and regions:

• Please give a short statement as to the reasons you believe you are a good fit for this position:

• Provide an example of a project you led. Describe how you delegated and monitored tasks to complete the project.

• Describe a process or improvement you suggested recently. Was it implemented?

• Are you willing to serve as Regional Director and attend all the board meetings listed on above (may miss up 2 with valid excuse)?

• Will you commit to attending ALL days of the FNSA convention from October 24th to October 27th?

• If a graduating senior who will have completed nursing school but then please briefly explain your plan for balancing a new employment as a RN and the obligation to fulfill your duties as Region 6 Director.

•The vacant Committee is Community Health Chair. What state-wide project(s)/ activities would you propose as Chair?

• If elected, provide a 30 Day Plan of your proposed agenda to your position:

OFFICE EXPECTATIONS

The following are expectations of each candidate once they have been elected to office. Please sign and initial in respected areas and return with other candidacy papers by the according deadline to be considered a candidate for election.

Expectations are as follows:

(Initial and fill in the dedicated spaces)

\_\_\_\_ I commit to complete all the duties of the office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the FNSA Executive Board commencing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for a term ending with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_duties being passed on to the next Board at the following annual convention.

\_\_\_\_ I understand I am expected to fulfill these duties if I am no longer a resident of the state and/ or I have made other commitments to school, work, etc.

\_\_\_\_ I will commit to attend Saturday meetings as scheduled every six (6) weeks.

\_\_\_\_ I will make my employer/school/etc. aware of my commitment and ask their assistance in schedule accommodations.

\_\_\_\_ I realize, as a part of an Executive Board, each deadline is set with the expectation that each member will complete a portion of an assignment. Therefore, I commit to show courtesy and responsibility to my elective position by completing and submitting each assignment accordingly.

\_\_\_\_ If elected to office I will plan to attend the first business meeting for my position also known as the pass down of the board, right after the awards banquet. THIS IS A MANDATORY MEETING! At this meeting I will receive all the information regarding the requirements of the office, receive all handover materials, get to meet old board members and address any further questions.

As stated, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will commit to all the duties and obligations of the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for the FNSA

Executive Board 2017 – 2018, as stated above and in the FNSA bylaws. I intend to represent my school, region and fellow nursing students by showing respect to my fellow board members, attending all scheduled meetings and adhering to expected deadlines.

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

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

Dean/Consultant Recommendation for Student Candidacy for State Office

Dear Dean/Consultant of respected institution:

This letter is to inform you that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has decided to run for the position of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on the Executive Board of the Florida Nursing Student Association.

As you have a direct working relationship with this student, we would appreciate your valued opinion on this potential applicant. In the space provided below, please express your views as to the capabilities of this student, including an assessment of his/her leadership abilities. The student has been provided with a copy of the responsibilities of the position for which he/she seeks elections. Please read and reflect upon these as you assess the capabilities of this student.

By signing and allowing this student to apply for this position, allows the student to be excused for NSNA and FNSA required events. The student is responsible to inform you of these dates and time of expected events.

The FNSA Executive Board would like to take this time to thank you for your cooperation. We recognize that without your leadership, nursing students around the state would not be able to experience the personal and professional growth that occurs with this professional organization. Thank you for your time and commitment to our organization and our profession.

Printed Name of Dean/Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Dean/Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Biographical Information

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dean/Consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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