



## CANNP Nominations Form

Office Nominated For (Check One)

President

Vice President

Secretary

Treasurer

Association Member At Large

Nominee Name:

\_\_\_\_\_

Credentials:

\_\_\_\_\_

Work address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Telephone:

\_\_\_\_\_

Nominated By:

\_\_\_\_\_

### CANNP Committee Membership

I am Interested in serving on the Following Committee:

Legislative

Communications

Program

I Would be Interested in Serving as Co-Chairperson for The Committee Below:

Legislative

Communications

Program

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

Carolinas Association Of Neonatal Nurse Practitioners



## CANNP Nominee Information Form

This form is provided to assist nominees in compiling biographical information to be given to the membership. Please provide the information about yourself that you feel would assist the membership in voting. Feel free to compose your own biographical sketch in lieu of this form. Be sure to include your reasons for running for office and your goals as an officer. Thank you.

CANNP Nominations Committee

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

Office Nominated For: \_\_\_\_\_

Credentials (optional): \_\_\_\_\_

(Degrees, Certifications, etc)

Previous CANNP Offices/Position Held: \_\_\_\_\_

Years as an NNP: \_\_\_\_\_

Present Employment/How Long?: \_\_\_\_\_

(Title) \_\_\_\_\_

Previous NNP Positions: \_\_\_\_\_

\_\_\_\_\_

Other Experience: \_\_\_\_\_

\_\_\_\_\_

Reason You are Running For This Office: \_\_\_\_\_

\_\_\_\_\_

Your Goals as a CANNP Officer: \_\_\_\_\_

\_\_\_\_\_

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

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

Carolinas Association Of Neonatal Nurse Practitioners