**Instructions**

This officer candidate biographical form must be completed and submitted electronically. All applications received after the July deadline dates, including nominations received from the floor must have their eligibility validated by the Elections Committee before they will be slated as a viable candidate.

All candidates who have had their application validated are eligible to run for remaining offices should they not win the office originally sought. Please contact the Elections Committee chair if you have any questions.

Full Name: *(as on your nursing license)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Eligibility**

Texas ENA membership number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Texas RN license number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Active participation at the Texas State Council is determined by meeting the following criteria:

Attended in person (or via Zoom) at least two Texas State Council Meetings within the past year? Yes No

Attended in person (or via Zoom) at least one Texas State General Assembly meeting as a voting delegate or parliamentarian within the previous three years or, served in a leadership capacity within the past two years at the state level? Yes No

**Professional Credentials:** *(Order: educational degree, licensure, certification, and fellowships)*:

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**Certifications:** *(TNCC, ENPC, ACLS, etc.)*

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**Education:** *(Degree, Year, Name of Institution, City, and State)*

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**Current Employer/Position:** *(Title, Name of Institution, City, and State)*

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**ENA Background**

Please list any positions held within the Texas Emergency Nurses Association, Inc. umbrella, including its local chapters. These may include board, chair, committee and taskforce member assignments, and delegate positions. For example, “1990-1993, 1995-2001 Delegate, General Assembly” or “2007-2008 Delegate, Texas State Council”

**Local Level** *(75-word limit)*

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**State Level** *(75-word limit)*

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**National Level** *(75-word limit)*

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**Statement to Membership** *(Published in the newsletter and website)*

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I declare that all information provided on this application is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information provided to Texas ENA may result in revocation of my eligibility as a candidate for office.

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

Send this completed form and electronic photograph to Daniel DiDonato at txena.didonato@gmail.com by July 31, 2021 to be pre-slated and included in the newsletter. If you have any questions, you may call 281-727-6748.

**FOR COMMITTEE USE ONLY**

Date/Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN Licensure. Verified: Yes No Date:\_\_\_\_\_\_\_\_\_\_ Committee Member:\_\_\_\_\_\_\_\_\_\_\_

ENA Membership. Verified: Yes No Date:\_\_\_\_\_\_\_\_\_\_ Committee Member:\_\_\_\_\_\_\_\_\_\_\_

Attended in person (or via Zoom) at least two Texas State Council Meetings within the past year?

Verified: Yes No Date:\_\_\_\_\_\_\_\_\_\_ Committee Member:\_\_\_\_\_\_\_\_\_\_\_

Attended in person (or via Zoom) at least one Texas State General Assembly meeting as a voting delegate or parliamentarian within the previous three years or, served in a leadership capacity within the past two years at the state level?

Verified: Yes No Date:\_\_\_\_\_\_\_\_\_\_ Committee Member:\_\_\_\_\_\_\_\_\_\_\_