Dear Candidate,

Thank you for your interest in serving in a volunteer leadership role in the Texas Emergency Nurses Association, Inc. a Texas not-for-profit corporation d/b/a Texas ENA State Council. The Council of Presidents and Elections Process Subcommittee appreciates your interest and participation in this year’s election.

To have your name on the official ballot and your biography published in the Texas ENA newsletter, the following criteria must be completed:

* Complete the 2023 Texas ENA Elections Candidate Application (see below),
* Include a professional quality photograph in electronic format,
* Send the completed form and picture to: [councilofpresidents@txena.org](mailto:councilofpresidents@txena.org)
* The deadline to be included in the Texas ENA NewsRunner newsletter is August 15, 2023
* The deadline to be included on the ballot is October 1, 2023.

Applications will be verified, candidates vetted, website updated, and names added to the ballot prior to the October 1 deadline. Additional candidates may be nominated from the floor during the October General Assembly meeting. Those that are submitted from the floor will be considered as write-in candidates.

All candidates who submit this form to the Nomination and Elections sub-committee agree that the information is accurate. If the committee determines that inaccurate information has been submitted, the candidate’s eligibility may be revoked.

Thank you for your interest in running for office. If you need help with this process, please do not hesitate to contact me or a committee member.

Respectfully,

Yvonne Moseley MSN, RN, CEN

TxENA Immediate Past President

Council of Presidents Chair

830-391-4013

**Instructions**

This officer candidate biographical form must be completed and submitted electronically. All applications, including nominations received from the floor must have their eligibility validated by the Council of Presidents Nominations and Elections Subcommittee before they will be slated as a viable candidate. 2023 open positions include: president-elect, treasurer-elect, and directors x 2.

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

**Office you are applying for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position Eligibility**

**ENA membership number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 General Assembly Meetings within the past rolling 12 months prior to the election meeting? Yes No

If yes, please list meetings attended that meet criteria:

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Attended in person (or via Zoom) at least one Texas General Assembly meeting as a voting delegate or state parliamentarian within the previous three years?

**OR** served as an officer, director, past president, or committee chair at the state level in the past 2 years? Yes No

If yes, please list meeting or position that meets criteria:

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

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**Certifications and ENA Course Provider, Instructor, Course Director or Faculty:** *(CEN, CPEN, TCRN, CTRN, CFRN)*

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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 General Assembly”

**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** *(This will be published in the newsletter and website to let*

*voting members know who you are, why you would like to be on the TxENA Board, and*

*what difference you would like to make.) 200 word limit (may use separate sheet of paper)*

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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 jpeg photograph to [councilofpresidents@txena.org](mailto:councilofpresidents@txena.org) by **August 15, 2023** to be pre-slated and included in the newsletter. Questions may also be sent to the above email.

**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 General Assembly meeting as a voting delegate or state parliamentarian within the previous three years OR served as an officer, director, past president, or committee chair at the state level in the past 2 years?

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

Candidate eligible for Texas State Council Ballot? Yes No

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_