

**KENTUCKY NURSES ASSOCIATION
BIOGRAPHICAL DATA AND CONSENT-TO-SERVE**

I am interested in serving on/being elected to _____

Name _____

All Credentials and Certifications (RN, MSN, etc.) _____

Address _____

City/State/Zip _____ District # _____

Employer _____ Work E-Mail _____

Present Position Held / Title _____

Telephone: Home _____ Work _____ FAX _____

Home E-mail _____ Preferred E-mail: _____ Work or _____ Home

(An e-mail is Required)

TYPE OF POSITION HELD:

- | | | |
|---|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Head Nurse (Manager) | <input type="checkbox"/> Psychiatric and Mental Health |
| <input type="checkbox"/> Clinical Specialist
(Masters Degree or above) | <input type="checkbox"/> Home Health | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> CE. Planner | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Educational Administrator, | <input type="checkbox"/> Office Nurse | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Educator | <input type="checkbox"/> Operating Room | <input type="checkbox"/> Supervisor (Manager) |
| | <input type="checkbox"/> Private Duty | <input type="checkbox"/> Other _____ (Specify) |

SPECIFIC AREA OF EXPERTISE (such as AIDS, cost containment, foot care - please describe briefly)

PROFESSIONAL EDUCATION

Institution

Degree Obtained

Professional Organizational Activities – KNA/AN A Only – (List offices and committees on national, state, or district association level for last five years. Begin with most recent positions).

District _____

State _____

National _____

Would you be willing to be a candidate for another position? YES _____ NO

If "YES" indicate at least two other areas in which you would be willing to serve: _____

You will be contacted prior to your name being placed on the Ballot.)

PLEASE COMPLETE A CAMPAIGN STATEMENT (100 words or less). You may include your reasons for interest in this position and/or your goals, to be published in the *Kentucky Nurse*.

Please attach a **small photo** to be published in the *Kentucky Nurse* (Picture is optional and will not be returned).

I understand services to the KNA are not reimbursed. If elected, I agree to fulfill to the best of my ability, the duties and responsibilities of the office for which I am submitting my name.

Signed _____ Date _____
(Required)

Please return to: KNA, 200 Whittington Parkway, Suite 101, Louisville, KY 40222-4900 by April 30, 2010.
Phone: (502) 637-2546 FAX: (502) 637-8236