

Application Form for Nominees to the NBCRNA

Name: _____

I am submitting my application for nomination to the NBCRNA:

Practitioner Position *Educator Position*
 Public Member *Physician*

**Describe your Qualifications and Experiences in leadership and governance.
Limit to 250 words.**

Blank area for describing qualifications and experiences in leadership and governance.

Education (begin with highest degree/credential earned):

Degree/Diploma	Area of Study	Year Obtained	Educational Institution
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Present Employer and Position Title:

Description of Present Employment Position (includes major clinical, teaching, or practice area, field/place of employment and responsibilities):

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Other Significant Employment Positions Held:

Position	Employer	Term of Employment(From/To)

List elected or appointed positions and involvement on boards or committees at community, state or national level.

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If selected, I agree to attend all meetings and complete all assignments as required by the NBCRNA.

Signature: _____ Date: _____

Contact Information:

Home Address	Business/Institution Name
City/State/Zip	Street Address
Home Phone	City/State/Zip
Business Phone	Fax #
E-Mail Address*	

***All applicants must have email address and ability to access daily.**

Name of the person and contact information for Letter of Recommendation.

Home Address	Business/Institution Name
City/State/Zip	Street Address
Home Phone	City/State/Zip
Business Phone	Fax #
E-Mail Address	

Please submit your curriculum vitae and application form to nominations@nbcrna.com.

Have a letter of recommendation from an individual who would support your selection sent confidentially via postal mail or email to:

Karen Plaus PhD, CRNA, FAAN
NBCRNA Executive Director
222 S. Prospect Ave
Park Ridge, IL 60068 - 4001
kplaus@nbcrna.com

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