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This is a fillable form. Please download this pdf, complete the form electronically, save it to your computer, and email the document to nominations@nbcna.com.

CERTIFICANT-ELECTED DIRECTOR

The NBCRNA is seeking applicants for a Certificant-Elected Director. Applicants must be nurse anesthetists who are CPC compliant (are current in their credential) and have at least five years of nurse anesthesia experience.

Interested individuals should submit their application, curriculum vitae, and letter of recommendation on or before December 13, 2023.

Date of Application:

First Name:

MI:

Last Name:

Your Information

AANA Membership

Yes No I am currently an active member of the AANA.

Yes No If selected for the Certificant-Elected Director position, I agree to become an active member of the AANA, if I am not currently a member.

Certification

In what year were you initially certified as a nurse anesthetist? _____

In what year were you most recently recertified as a nurse anesthetist? _____

Contact Information

Home

Street Address	City
	State
	Zip
Home Phone	Cell Phone
Email*	Fax

Business

Current Employer	Job Title:
Business Street Address	Employer City
	State
	Zip
Business Phone	Business Fax
Email	

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

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Questionnaire

Why are you interested in serving on the NBCRNA Board of Directors? *(up to 250 words)*

Describe your qualifications and experiences in leadership. *(up to 250 words)*

Describe your current employment, including major clinical, teaching, or practice areas; field/place of employment; and responsibilities. *(up to 250 words)*

List any presentations you have given (up to five). *(A full list may be included in your CV.)*

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Education and Credentials

List your educational history. *(Please begin with highest degree/credential earned.)*

Degree/Diploma	Area of Study	Year Obtained	Educational Institution

Work History

List your practice/employment history. *(Please begin with the most recent position.)*

Employer	Job Title
Responsibilities	Years

Employer	Job Title
Responsibilities	Years

Employer	Job Title
Responsibilities	Years

Have you ever been asked to leave or resign from a professional nursing position, lost your privileges, or had disciplinary action taken against your license or been convicted of a felony?

Yes

No

If yes, please explain.

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Professional Memberships, Affiliations, Elected Positions, or Leadership Experience

List elected or appointed positions and/or involvement on boards of committees at the community, state, or national level, or at educational institutions. Please note activities that advance the mission of the NBCRNA. (up to 250 words)

Attestations

- My service on the Board would not represent a personal or professional conflict of interest.
- I can make a substantial time commitment to be an active contributor to the Board.
- I am available to attend the Board meetings in October 2024; February 2025; and June 2025.
(Dates to be determined)
- If I am selected to be interviewed, I am available to be interviewed by phone on in early-February 2024.
- I can attend a mandatory two-day Board orientation in Chicago in August 2024 (schedules will be considered).
- I am not a director or employee of any organization that may have a direct or indirect conflict with the NBCRNA.
- I agree not to participate in any form of campaigning for the position.
- If elected to the NBCRNA Board of Directors, I agree to
 - attend all meetings and complete all assignments as required by the NBCRNA;
 - uphold my fiduciary responsibility to the NBCRNA;
 - produce a report for the Board at the end of my term reflecting my experience as a Board member.
- **I understand in order to be considered, the application form, curriculum vitae, and one confidential letter of recommendation must be submitted by Wednesday, December 13, 2023.**

Signature:

Date:

Note: By printing your name above, you will be considered to have signed this form.

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Letter of Recommendation

One confidential letter of recommendation from someone who would support your selection **must be received on or before December 13, 2023** via email to:

NBCRNA Nominations Committee
Email: nominations@nbcna.com

Who will be providing your letter of recommendation?

Name

Phone

Business/Institution

Address:

Email:

Correspondence

Interested individuals should submit their application, curriculum vitae, and one letter of recommendation **on or before December 13, 2023** to nominations@nbcna.com.

Questions should be directed to: nominations@nbcna.com

2023-2024 Timeline

Dec 13 2023	Applications due to the NBCRNA
Jan 11 2024	Schedule phone interviews for selected applicants in early-February
Jan 29 - Feb 1 2024	Phone interviews for selected applicants for Certificant-Elected Director
Feb 21 - Mar 6 2024	Voting open for all positions
Mar 15 2024	Candidates notified and results posted to website