



American Board of Nursing Specialties

Promoting Excellence in Nursing Certification

American Board of Nursing Specialties Nomination Form (2 pages)

The submission deadline is February 19

Select the position:

- President-Elect

1. Nominee contact information:

Name and Credentials:	
Contact Address:	
Work Phone:	
Cell Phone:	
Email:	

2. List certifications presently held and year achieved:

Certification(s)	Presently Held (Y/N)	Year Achieved (YYYY)

3. Education (please list all degrees earned):

Institution	City/State	Degree	Year Earned

4. Professional memberships and affiliations (list any/all that apply):

5. Leadership (list offices and committee chair positions held in professional organizations):

6. Employment history:

Employer	Job Title	Years	Responsibilities

7. Describe the skills and experience you would bring to the position you seek:

8. Describe the specific ways you would contribute to the vision, mission, and strategic intents of ABNS?
 (see <http://www.nursingcertification.org/about/>)

I agree to have my name placed on the ABNS ballot:

Electronic Signature/Date

Please email the completed form to the ABNS office no later February 19
abns@nursingcertification.org
 If questions, call the ABNS Executive Office at 205-795-7127.