

DDNA

Developmental Disabilities
Nurses Association



DDNA Recommendation for Nomination for Board of Directors

This form must be received by DDNA by **March 31, 2010**. Forms received after March 31 will not be considered for nomination

Nomination for (please circle one): **Secretary**

First Name _____ Middle Initial _____ Last Name _____

Credentials/Degrees _____

Institution _____ Position/Title _____

Address _____

City _____ State _____ Zip _____

E-mail Address _____

Telephone Home () _____ Work () _____ Fax() _____

Qualifications

DDNA member since: _____

Experience in field as RN/LPN in developmental disabilities nursing: ___ years

Education: (List present to past) Degree(s) earned and date(s):

Certification(s): (List dates):

Board positions held and year(s) served: (List present to past)

Network position(s) and year(s) served:

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Professional Experience (List present to past) Job Title, Institution, City/State, and date(s) of employment:

Personal Statement: (200 word limit; What skills and vision for DDNA do you think you could bring to the office?)

I verify that the information submitted is accurate and that I am interested in the position for which I am submitting this nomination.

Signed: _____ Date: _____

Receipt of this Recommendation Form will be acknowledged via email within three (3) business days of receipt in the DDNA office. If an acknowledgement is not received within this time frame, please contact the DDNA office at (800) 888-6733.

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Fax to (407) 426-7440 or Mail:

DDNA (Elections)
P.O. Box 536489
Orlando, FL 32853-6489