

Alabama Association of Nursing Students Preslate Packet for 2014-2015 Officer Elections

Pre-slate Application Checklist

- Completed application (Eligibility found in bylaws at www.alabamanursingstudent.com)
- Letter of character reference (on official nursing school letterhead) from a faculty member
- Copy of NSNA membership Card
- Transfer students must also provide proof of acceptance into new program.
- Optional: If you would like your campaigning to start early AANS can post your vision statement and a picture of yourself (provide walled headshot) to comdirector.aans@gmail.com
- Have a Bio written on a separate page to turn in if you are elected.
- Candidates must submit the completed packet no later than September 10, 2014 in order to be pre-slated as a candidate. Candidates running from the floor must submit the packet no later than October 3, 2014. Bring the completed packet to convention and meet with the Nominations & Elections chair no later than 5:00pm.
- Make copy for self and Mail all of the above to:
Nominating and Elections Chair Alabama Association of Nursing Students, 213 Sinclair Avenue
Prichard, AL,36610

I have viewed the bylaws for eligibility and as a Nominee I understand that upon consideration for election I will be able to answer any questions asked by the Board or Body of the AANS in regards to my plans for the upcoming term, including goals and a vision statement that will be implemented if I am elected.

Nominee Printed Name: _____

Nominee Signature: _____

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Positions Available:

(Please indicate which position you will be applying for)

President Vice President Secretary Treasurer
 Breakthrough to Nursing Director Communication Director Legislative Chair
 Community Health Director NEC Director North NEC Director South

Name as you would want it published if elected: _____

School you are attending: _____

Student Email Address: _____

Permanent address (kept confidential): _____

Current Address: _____

Telephone- _____ - _____

Student Classification and graduation year: _____

Type of Nursing Program: ADN Diploma BSN Other: _____

Are you currently a RN or LPN? Yes No If yes please indicate which one _____

How many credits are you taking this semester? _____

How many credits do you expect to take in the fall of 2014? _____

If you are a transfer student or entering a BSN program you must provide the following information:

New School of nursing: _____

Address of School: _____

Dean Name: _____

Admissions officer or Registrar _____

Phone Number of School: _____ - _____

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Consent Statement: If elected, I agree to serve the AANS to the best of my ability and am aware of the time and effort demanded by the responsibilities outlined for the office to which I have been nominated. To the best of my knowledge all statements on this application are true. I realize that any falsity, incompleteness, or failure to follow directions on this application may result in my disqualification as a candidate and/or potential AANS officer. If Elected I promise to serve the Alabama Association of Nursing Students to the best of my ability. I am aware of the time and effort demanded by the responsibilities for AANS candidates for the above office which I am nominated.

Signature: _____

I have read and understand the eligibility requirements for office for which I am a candidate (AANS Bylaws). I further understand that if I am elected, I must maintain the eligibility requirements throughout my term of office. I understand that if, during my term of office, I fail to maintain the eligibility requirements, I will immediately notify the AANS executive board and that a vacancy will be declared in the office that I hold. I understand that to serve in the AANS selected position I must be a member of the AANS and the NSNA and that I must be enrolled in a nursing program in the State of Alabama with good standing. I understand that to be enrolled in nursing school means that I have registered for and paid tuition for the semesters during my term of office and that I am attending classes. I understand that the AANS has the right to verify my nursing school enrollment status at any time during my term of office.

Signature: _____

I have read and understand the campaign regulations. Furthermore, I also understand that any violation of the Campaign Regulations set forth in the Bylaws may lead to action by the AANS board concerning my status as a candidate and or potential officer. As a candidate I will conduct my campaign in an honest and ethical manner, with a particular consideration for the rights and privileges of fellow candidates, delegates, and AANS constituents. Furthermore, as a candidate I pledge to support the mission and integrity of the AANS throughout the campaigning and elections process and throughout my term in office if elected.

Signature: _____

I have reviewed this application and agree that the information provided is correct. () Yes () No

Signature of Faculty _____ Date _____

If elected, can the student expect support from the dean and faculty for participating in official AANS activities that are required for fulfillment of responsibilities?

() Yes () No (If no please explain on a separate sheet of paper)