Alabama Association of Nursing Students Pre-slate Packet for 2021-2022 Officer Elections

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. I further understand, I must be enrolled in an accredited nursing program throughout my entire term on the AANS Board.

Nominee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-slate Application Checklist:

O Completed application (Eligibility found in bylaws at http://www.alabamanursingstudents.org )

O Letter of character reference (on official nursing school letterhead) from a faculty member

O Copy of NSNA membership Card (must be valid)

O Transfer students must also provide proof of acceptance into new program. (if applicable)

O Have a bio written on a **separate page**

O Submit a 1-minute or less video a little about yourself and why you will be a good officer

O Candidates must submit the completed packet no later than October 3, 2021 n order to be pre-slated as a candidate.

O Make copy for self and email all of the above to: president.aans@gmail.com

**Subject: Alabama Association of Nursing Students Pre-slate Packet**

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Positions Available: (Please indicate which position you will be applying for)

\_\_\_\_ President \_\_\_\_\_ Vice President \_\_\_\_\_ Secretary \_\_\_\_\_Treasurer \_\_\_\_Breakthrough to Nursing Director \_\_\_\_ Communications Director \_\_\_\_\_ Legislative Chair

\_\_\_\_\_Community Heath 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:

Will you be enrolled in an accredited nursing program for the entirety of your term? \_\_\_\_Yes\_\_\_\_\_No

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? \_\_\_\_\_\_\_\_\_\_\_

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)

