



# NOMINATION FOR APPOINTMENT FORM

I wish to be considered for appointment to:

\_\_\_\_\_

NYSNA membership is required for consideration for appointment.

SOC. SEC. # \_\_\_\_\_ or MEMB. # \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ST ZIP \_\_\_\_\_

Home phone ( ) - \_\_\_\_\_

Work phone ( ) - X \_\_\_\_\_

Fax ( ) - \_\_\_\_\_

E-Mail \_\_\_\_\_

SPECIFIC AREA OF PRACTICE \_\_\_\_\_

**\*\*NOTE\*\***

**A CURRICULUM VITAE MUST ACCOMPANY THIS FORM.**

**Submit completed forms to:**

Tammy Denman  
Executive Assistant  
NYSNA

11 Cornell Road  
Latham, NY 12110

Fax: (518) 783-5207

Email: tammy.denman@nysna.org

**PRESENT EMPLOYMENT POSITION AND FACILITY:**

\_\_\_\_\_  
FORMER EMPLOYMENT POSITIONS HELD:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NYSNA district membership if applicable:**

District #: \_\_

**RACE/ETHNIC GROUP:**

*(Provision of information about ethnicity, which is used for affirmative action purposes only, is optional.)*

- Asian/Pacific Islander
- Black/African American
- Hispanic
- Native American
- White

**EDUCATION:** *(Please indicate those levels completed.)*

- Diploma
- Associate Degree
- Baccalaureate Specify: *(BA, BS, BSN, etc.):*
- Master's Specify: *(MA, MS, MEd, etc.):*
- Doctorate Specify: *(PhD, EdD, etc.):*

**PROFESSIONAL ACTIVITIES:**

*(List professional activities on district/community, state, and national levels. Include offices held.)*

**Present:**

District/Community: \_\_\_\_\_

State: \_\_\_\_\_

National: \_\_\_\_\_

**Past:**

District/Community: \_\_\_\_\_

State: \_\_\_\_\_

National: \_\_\_\_\_