

# DDNA

Developmental Disabilities  
Nurses Association



## DDNA Recommendation for Nomination for Board of Directors

This form must be received by DDNA by **March 31, 2012**. Forms received after March 31 will not be considered for nomination

Nomination for: **Vice President**

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