

# DDNA

Developmental Disabilities  
Nurses Association



## Nomination for DDNA Board of Directors

This form must be received by DDNA by **May 1, 2016**  
Forms received after May 1st will not be considered for nomination.

Nomination for (please circle one): **Vice President**    **President-Elect \***    *\*Must be CDDN*

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: \_\_\_\_\_ Certification: \_\_\_\_\_

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)

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

# Nomination for DDNA Board of Directors

**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?)

## **All nominees must read and sign the following:**

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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**Mail to: DDNA – Elections  
1501 South Loop 288  
Suite 104-381  
Denton, TX 76205  
FAX: 844-336-2329**

**Email: [admin@ddna.org](mailto:admin@ddna.org)**