Pennsylvania Organization of Nurse Leaders

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**EMERGING NURSE LEADER BOARD MEMBER NOMINEE DATA FORM**

**INSTRUCTIONS**

* Complete this entire form. You may type directly on the form.
* Do not use abbreviations.
* Send your completed form to the regional leadership person who recommended you for this position.
* Once regional leadership has reviewed this completed form and endorses you (the candidate), leadership should email this completed form to Marion Burns Tuck at <mailto:mbtuck@ponl.net>.

**DEMOGRAPHICS**

Name & Credentials:

PONL Regional Affiliation:

**HOME INFORMATION (FOR OFFICE USE ONLY)**

**WORK INFORMATION**

Employer:

Position/Title:

Work Address:

Work City:

Work Zip Code:

Work Phone:

Work Fax:

Work Email: Home Address:

Home City:

Home State:

Home Zip Code:

Home Phone:

Home Fax:

Cell Phone:

Home Email:

Total Years Employed 1 to 5 11 to 15  
in Healthcare: 6 to 10 16 +Preferred Mailing Home Work  
Address:

**EDUCATION (LIST ALL POST-HIGH SCHOOL)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Degree** | **Name of School** | | **School City** | | **Major/Concentration** |
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| **Organization Name** | | **Dates of Membership** | | **List Any Offices Held and Dates** | | |
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Thank you for your interest in becoming a PONL Board member. By signing below and submitting this form to PONL, you are certifying that all information contained herein is accurate and true to the best of your knowledge. You further acknowledge and give your permission to PONL to use any information contained herein in its written and electronic communications, including but not limited to the PONL website, for the purpose of providing information about you to voting members of PONL to aid in their voting decisions, unless such permission is revoked by written notice to the PONL office.

You further acknowledge that should you be elected by the membership that you will execute the duties of the office to which elected to the best of your ability, and in full accordance with the PONL By-Laws.

PONL is a professional nursing organization designated as a 501c (6) organization under the Internal Revenue Service Consolidated Federal Register regulations. As such, PONL is committed to equal opportunity in all aspects of its operations. PONL does not discriminate on the basis of nationality, race, creed, lifestyle, color, gender, sexual orientation, age, disability, or religion.

**SHORT ANSWER QUESTIONS**

**ASSOCIATION MEMBERSHIPS AND LEADERSHIP POSITIONS**

|  |
| --- |
| Describe why you are interested in this position. (Maximum 500 Characters – About 75 Words) |
|  |

Signature: Date:

Please Keep a Copy for Your Records