

**Ohio Association Of Advanced Practice Nurses
Nominations Application Form
2010 Elections**

Please type or print all information requested

Name _____

Credentials _____

Address _____

City _____ State _____ Zip _____

Phone (h) _____ (w) _____

Fax _____ Email _____

Membership ID _____ Position Desired _____

***Please provide the following information along with a brief bio postmarked
by August 15, 2009 (use back of form if necessary)***

Current Professional Position:

OAAPN participation in the past:

Other current (last 2 years) professional organization activities and memberships:

Brief statement of goals for position if elected:

***I HAVE READ THE POSITION DESCRIPTION AND BYLAWS AND IF ELECTED, I
WILL FULFILL THE OBLIGATIONS ASSOCIATED WITH THIS POSITION.***

Signature _____ Date _____

Please return fully completed forms and picture (optional) to:

OAAPN
5818 Wilmington Pike #300
Dayton, Ohio 45459
Fax: (866) 529-6922