



Carolinas Association Of Neonatal Nurse Practitioners

2018 CANNP Nominee Information Form

This form is provided to assist nominees in compiling biographical information to be given to the membership. Please provide the information about yourself that you feel would assist the membership in voting. Feel free to compose your own biographical sketch in lieu of this form. Be sure to include your reasons for running for office and your goals as an officer.

Thank you.

CANNP Nominations Committee

Name: _____

Office Nominated For: _____

Credentials (optional): _____

(Degrees, Certifications, etc)

Previous CANNP Offices/Position Held: _____

Years as an NNP: _____

Present Employment/How Long?: _____

(Title) _____

Previous NNP Positions: _____

Other Experience: _____

Reason You are Running For This Office: _____

Your Goals as a CANNP Officer: _____

Signature: _____ Date: _____