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**IACRN Nomination Application for 2017 Board of Directors**

Name:

Degrees:

Preferred Address:

Preferred Phone Number:

Email Address:

Present Position (Employer and Title):

Education (include basic preparation through highest degree held):

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| --- | --- | --- | --- |
| Academic Institution | Major Area of Study | Degree/Qualification | Year Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please indicate below which position you are considering for nomination:**

\_\_\_\_\_\_ President Elect

\_\_\_\_\_\_ Secretary

\_\_\_\_\_\_ Member-at-Large

\_\_\_\_\_\_ Global Member-at-Large

**Briefly describe your professional experience, areas of expertise, and specific skills related to your abilities to serve on the Board of Directors of the International Association of Clinical Research Nurses.**

Please attach the required documents (below) to this application form and email to: debbie@iacrn.org

by close of business on Friday, September 16, 2016

* Current CV or Biosketch
* 2 letters of recommendation / references (one to be from current employer)

Thank you very much for your support of IACRN.