Candidate Application

Rev. 2023

Election requirements for **California** ENA candidates:

- Be a professional registered nurse in the State of California
- Current active ENA membership
- California Resident
- President-Elect: served as a voting Board member within the last three (3) years

Candidates are encouraged to review and familiarize themselves with the following items prior to completing the application:

- CalENA Bylaws

Application Deadline: ***August 1***

The application form must be submitted along with the following supporting documents to **the State Council Immediate Past President.**

Email completed application to: Past.President@californiaena.org

All application submission items above should be submitted to the State Council Immediate Past President by the designated deadline. No exceptions will be given on the above deadline. All information on this application form is subject to verification.

STEP 1: **POSITION OF INTEREST:**

- ○ President-elect (will serve as the State President for the following year)
- ○ Secretary
- ○ Treasurer-elect (will serve as the Treasurer for the following year)
- ○ Director-at-Large : Event Planning
- ◉ Director-at-Large : Relationship Development

Personal Information

First Name:

Middle Name:

Last Name:

Suffix:

Credentials:

All credentials and honorifics following an ENA member's name must follow the format and ordering as follows: highest earned degree, licensure, certifications and fellowships. Reference Policy 1.01, Ordering of Credentials for further details.

(The information you provide below will only be used by **Cal** EN**A for the purpose of the election**)

Emergency Nurses Association (ENA) Membership Number – REQUIRED

A limited background check will be conducted on all candidates (e.g., RN Licensure current and unencumbered)

RN license number:

State of RN licensure:

Home address:

Home city:

Home state:

Home zip code:

Home phone:

Cell phone:

Work phone:

Home email:

Work email:

Preferred email address: ☐ Home ☐ Work

Nursing Education

- Please list below your highest academic level obtained from an accredited institution
  - Please do not list degree in progress

Degree/Major:

College:

Campus/Division:

City: State:

Graduation Date:

Non-Nursing Education

- Please list below your highest academic level obtained from an accredited institution
  - Please do not list degree in progress

Degree/Major:

College:

Campus/Division:

City: State:

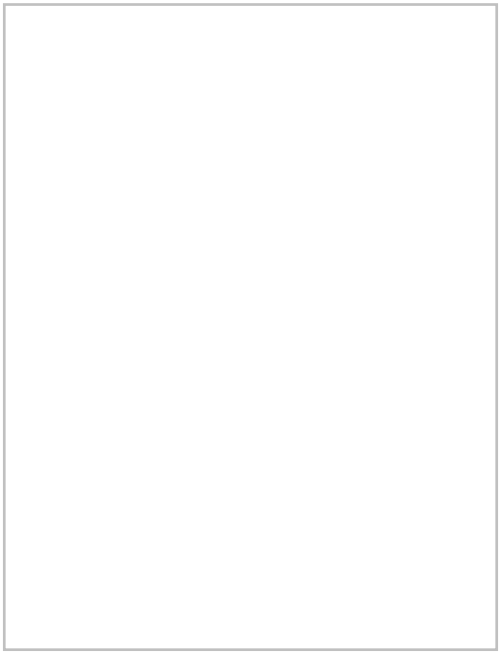
Graduation Date:

STEP 2: BIOGRAPHICAL INFORMATION

- Candidates are responsible for ALL spelling, punctuation and grammar (reference biography outline below)
- Please proofread your statements carefully. No corrections to the content will be made **by the CalENA Board**. Information will be published EXACTLY as received.
- Candidates are not required to provide verification of awards received, certifications, memberships, positions held in organizations if referenced in the materials, but may be subject to a random audit. The CalENA Board will remove any reference not supported by verification (if a random audit is performed).

- The candidate information and statements will be published in official CalENA communications.
- It is the candidate's decision to determine how much detail to include in candidate statement. However, the total word count must equal no more than **5**00 words including the category headers.
  - You are encouraged to copy and paste text from a Word document into the form below. One method is to use CTRL+C to copy and use CTRL+V to paste. Another method is to highlight all of your content and right-click and select copy, and then go into the appropriate section of the application and right-click again and select paste.
  - To ensure you have not exceeded the word count limit, use the word count feature available in Word by selecting all of the text/content within the form below (including the category headers). The status bar (generally located at the bottom of the document) will display the number of words in the selection. For example, 100/1450 means that the selection accounts for 100 words of the total number of words in the document, 1,450.

PHOTOGRAPH: Please paste a copy of a professional headshot in the box below. Your picture may be used in official ENA publications.



BIOGRAPHY OUTLINE

Name, Credentials (must follow ordering of credentials format listed on page 3)
City, State
* Your name will be used for all official documents as listed

Current Employment
Work title/position
Name of Employer/Institution, City, State

Education
Degree, Year Graduated – Name of School/University, Department (if applicable), City, State

Professional Credentials/Certifications
* Examples include course or knowledge verification such as ACLS, BLS, CEN, ENPC, PALS, TNCC

*All years listed within each category below should be arranged in chronological order.

National
Year(s) Title, Board/Committee/Work Team/Journal

State
Year(s) Title, Board/State Council/Committee

Local
Year(s) Title, Chapter/Committee

Other
Year(s) Organization

* Can include current or prior professional experiences and other association activities in which you have participated.

STEP 3: STATEMENT TO THE MEMBERSHIP

It is the candidate's decision to determine what he or she will write. The biography information and statements will be published in official ENA communications.

Please include why you want to run, what goals you want to accomplish and how the membership will benefit from you achieving the position in which you are applying for.

No graphics including photographs, logos or signatures are permitted in the candidate's statement.

NOTE: No corrections to the content within the biographical information or the statements will be made **by the Cal**ENA **Board**. Please proofread your statements carefully. Information will be published EXACTLY as received.

Provide no more than 500 words of your statement to the membership within the box below.

Click the gray box below to enter your Statement to the Membership:

STEP 4: CANDIDATE'S SIGNED STATEMENTS

ENA's Belief Statement appears below. The candidate must sign the ENA Candidate Application Consent and the last two pages of the ENA Conflict of Interest Statement. Please check each box to indicate that you agree to the provisions of these statements.

ENA's Statement on Campaigning

ENA believes that all campaign activities other than those sanctioned by the national organization must be limited to the provisions set forth in Election Rules and must be strictly adhered to.

CalENA Candidate Application Consent

I hereby request and authorize the evaluation and validation of my credentials in accordance with, and subject to, CalENA's candidate review procedures. In furtherance of my application to run as a candidate for a position on the CalENA Board of Directors, I request and authorize any current employer, former employer, hospital, medical staff, medical organization, state agency, academic institution or individual to provide to CalENA any information they might have relevant to CalENA's verifying my personal identity, professional licensure, highest academic level and investigation for criminal activity.

I hereby waive any claim for damages, or otherwise, that I may have against any former employer, current employer, hospital, medical staff, medical organization or individual who supplies information with respect to my application and CalENA, and its officers, directors, members, employees, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this application. I understand that the decision as to whether or not I qualify to run and serve in an elected position on the ENA Board of Directors, vests solely and exclusively in CalENA and that its decision is final.

*Your application and any other information obtained in connection with your application becomes the property of **Cal**ENA upon receipt and will not be returned to you during or at the conclusion of the application process.*

I represent that I have received and reviewed the CalENA Bylaws and Election Policy. By applying to run for an elected position on the CalENA Board of Directors, I represent that I am qualified to hold such position and I agree to abide by the CalENA Bylaws and Election Rules. I represent and warrant that the information provided in this application is truthful and accurate. If any of the information I have provided in this application is inaccurate or untruthful, I understand and agree that CalENA may take such action with respect to my application, candidacy or elected position (in the event I am elected to office) CalENA deems, in its sole discretion, to be in the best interests of CalENA. I understand and agree that such action may include, without limitation removal of my name from the election ballot; a ban on the use of a questionable credential; or removal from my elected position.

Please sign this application indicating your consent to the terms set forth above by inserting an electronic signature or checking the box where indicated below.

Check box to indicate your consent ☐

Print Name:

Position applying for:

Date:

Conflict of Interest Policy

Read ENA's Conflict of Interest Policy prior to completing the disclosure statement below. Please note the following before completing the disclosure statement:

- The terms "family relationship" and "immediate family" as used herein, refer to any parent, spouse, domestic partner or child.
- The term "affiliate" means any organization that directly or indirectly through one or more intermediaries, controls or is controlled by, or is under common control with the association.
- If any item is inapplicable, answer "none" or "n/a" as appropriate.

I. NAME AND BACKGROUND INFORMATION

A. Name:

Address:

Position with Association:

B. I hereby state that I or members of my immediate family have the following affiliations or interests and have taken part in the following transactions that, when considered in conjunction with my position with or relation to the Emergency Nurses Association ("ENA") or any of its affiliates or subsidiaries, might possibly constitute a conflict of interest. (Check "none" by marking an "X" in the box where applicable.)

II. OUTSIDE INTERESTS

Identify any position held by yourself or a member of your immediate family in any outside concern from which the Association or any of its subsidiaries or affiliates secures goods or services or that provides services competitive with the Association or any of its subsidiaries or affiliates.

☐ None

Comments:

III. INVESTMENTS

List and describe, with respect to yourself or a member of your immediate family, all investments that might be considered a "material financial interest", as described below:

A. Capital stock, obligations, or a combination of both, of any concern the capital stock or obligation of which are listed on any nationally recognized securities exchange, having an aggregate value in excess of $500,000; or
B. Any interest in any other outside concern, with the exception of the holding of indebtedness; or
C. Holding of indebtedness of any outside concern, other than those mentioned in subparagraph A above, in any amount in excess of $100,000.

☐ None

Comments:

IV. OUTSIDE ACTIVITIES

List any other activities in which you or your immediate family are engaged that might be regarded as constituting a conflict of interest, giving particular attention to activities rendered as a director, manager, consultant or employee of any outside concern that does business with or competes with the Association or any of its subsidiaries or affiliates, and to activities in which it would be possible to disclose or use information relating to the Association or any of its subsidiaries or affiliates for your advantage or of that of a member of your immediate family.

☐ None

Comments:

V. GIFTS, GRATUITIES AND ENTERTAINMENT

List and describe any gifts, gratuities or entertainment that you or members of your immediate family have received from any person or outside concern that does business, hopes to do business, or competes with the Association or any of its subsidiaries or affiliates. (If you have received such benefits, please approximate their value. Do not list gifts or entertainment of nominal value.)

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