



# American Board of Nursing Specialties

*Promoting Excellence in Nursing Certification*

American Board of Nursing Specialties Nomination Form (2 pages)

The submission deadline is December 21

**Select the position:**

- Public Member
- Member at Large
- President-Elect

**1. Nominee contact information:**

Name and Credentials:	
Contact Address:	
Work Phone:	
Cell Phone:	
Email:	

**2. List certifications presently held and year achieved:**

Certification(s)	Presently Held (Y/N)	Year Achieved (YYYY)

**3. Education (please list all degrees earned):**

Institution	City/State	Degree	Year Earned

**4. Professional memberships and affiliations** (list any/all that apply):

**5. Leadership** (list offices and committee chair positions held in professional organizations):

**6. Employment history:**

Employer	Job Title	Years	Responsibilities

**7. Describe the skills and experience you would bring to the position you seek:**

**8. Describe the specific ways you would contribute to the vision, mission, and strategic intents of ABNS?**  
 (see <http://www.nursingcertification.org/about/>)

**I agree to have my name placed on the ABNS ballot:**

\_\_\_\_\_

**Electronic Signature/Date**

Please email the completed form to the ABNS office no later December 21  
[abns@nursingcertification.org](mailto:abns@nursingcertification.org)  
 If questions, call the ABNS Executive Office at 205-795-7127.