NM | NURSING EDUCATION CONSORTIUM

NOMINATION STATEMENT FORM

For position on
NMNEC LEADERSHIP COUNCIL
As
Urban Clinical Partner Advisory Member
[Non-Voting Member]

[Insert Photo of Self (headshot) here]

YOUR NAME & CREDENTIALS:

YOUR CURRENT POSITION & ORGANIZATION:

YOUR INVOLVEMENT WITH NMNEC TO DATE:

YOUR PERSPECTIVE ON THE NMNEC VISION, MISSION, VALUES, & GOALS:

WHY ARE YOU INTERESTED IN JOINING NMNEC LEADERSHIP COUNCIL?

I understand that being a member of the NMNEC Leadership Council means that I am supporting the work of the consortium and will regularly attend and participate in the NMNEC Leadership Council meetings.

SIGNATURE (electronic):

DATE: