



**2022-2023 Board Nominations & Elections**

Authorization Form

Name of Candidate: \_\_\_\_\_

Nursing School Name: \_\_\_\_\_

NSNA #: \_\_\_\_\_

Faculty/Advisor Name: \_\_\_\_\_

I certify that this student is in good standing in their nursing program and possesses the leadership skills to fully execute their term of office. I understand that the student will be required to attend all monthly Board Meetings, Midyear Membership Meetings and the entire Annual Convention unless otherwise agreed upon in advance.

If elected, I authorize that the student will be able to serve on the CNSA Board of Directors to the best of their ability, and I am aware of the time and effort demanded by the responsibilities outlined for the office as described in the Responsibilities and Expectations of Elected Board Members.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_