



2023 Call for Candidates

Regional Engagement Coordinator

Name: _____ Credentials (MSN, RN, etc): _____

NCNA Region: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____
Please check: ___ Home ___ Work ___ Cell *Please Check: ___ Work ___ Personal*

Employer: _____

Position: _____ Area of Practice: _____

School(s) of Nursing Attended: _____

Additional Professional Education: _____

Professional Organization Activities

List any positions/offices you have held on committees/boards at the local, state and/or national level for the past 5 years

Local Level: _____

State Level: _____

National Level: _____

Additional Requests

_____ Please include your resume/CV

SUBMISSION

- This form and all requested documents must be received no later than October 31, 2022.
- Submission Options:
 - Email to: RNs@NCNurses.org
 - Mail to: Nominations Committee, NCNA, 4350 Lassiter at North Hills Avenue, Suite 250, Raleigh, NC 27609