



2024-2025 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: _____