

BIOGRAPHICAL FORM

**TO BE COMPLETED BY CANDIDATE FOR ELECTED OR APPOINTED OFFICE.
THIS INFORMATION WILL BE PRINTED ON THE BALLOTS FOR ELECTED OFFICES.
IT IS ALSO UTILIZED IN THE REVIEW PROCESS FOR APPOINTED POSITIONS.**

PLEASE PRINT OR TYPE

1. Name _____

Address _____

Phone: Home _____ Work _____

Office/Committee applying for _____

Committee position _____

2. Professional Education (give name and address of schools, degrees, and dates received)

School of Nursing _____

College or University _____

Additional Preparation _____

3. Professional Nursing Experience (give title of position and name and address of employer)

Present Position _____

Previous Position(s) _____

4. Nursing Organization Activities (give **offices** held; exact name of **organization**; indicate if district, state, state section, or national; and give inclusive **dates** for each office)

PENS Activities _____

Other Professional Activities _____

5. Goals for PENS _____

If elected to the office indicated above, I promise to serve to the best of my ability. I agree to attend the PENS educational and Board meetings. By signing this document I give PENS permission to release my information for media purposes.

Signature _____

Date _____

