

1888 Main St., C312, Madison, MS 39110 | Ph 601-407-3226 | Fax 601-510-7833

MANP Board Nomination Candidate Application

Candidate Application

Applications open July 15. The Application Deadline is July 30 at 11:59pm, No Exceptions MANP members interested in pursuing Board candidacy must submit a MANP Board Nomination Candidate Application in full by the deadline. The completed application must be received at the MANP office by the deadline of the election year to be considered.

Please submit to the MANP office via one of the methods below;

Mail submission:	MANP Attention: Nominations
	1888 Main Street, Suite C312
	Madison, MS 39110

Email Submission: msanp@msanp.org

Fax Submission: (601) 510-7833

Review of Candidate Application by Board By August 31.

Candidates' applications meeting qualifications will be presented to the Executive Committee for review. The qualified candidate information will be posted on the website before the election opens. Nominees who do not meet qualifications or do not submit the required application in full by the advertised deadline will not be considered for candidacy. Approved candidates' bios will be available on the website by September 1.

Elections held electronically October 1- October 30

Unless otherwise scheduled by the Board, elections will be held electronically. Each active member registered with a current paid MANP membership will receive access to an electronic ballot via the email on file with the MANP. Members qualified to cast votes will be given 30 days to vote electronically. No proxy voting will be accepted.

Bio & Headshot

Each selected candidate will submit a Bio and Photo Headshot to MANP with the application. MANP will disseminate the candidate's information. All bios are subject to review by the MANP Board of Directors and may be edited to meet space capacity on the website and/or ballot. Members' email lists will not be shared with the candidates. All candidates must adhere to this no-solicitation policy. Candidates are free to speak with members and ask for votes but may NOT issue blast emails or use distribution lists to solicit votes.

Results Released after Close of Elections

Results will be announced on the website and via emails to the members after October 1. The newly elected Board of Directors will assume office on January 1 following the election.

Newly elected officers will take positions on January 1 following the election.

Candidate Application

Board Position Vying for				
Name				
Address				
City	State	Zip		
Phone	Alternate phone			
Email Address				
Alternate email (optional)				
I am a current Member of MANP			YES	NO
I am a Nurse Practitioner with an unencumbered license to practice in the state of MS (required for Board Position) License Number		YES	NO	
History of Community / Volunteer Services				
Membership in Civic/Professional Association	ons			
Prior Board Experiences				

ETHICAL MATTERS:

(any "Yes" answer will require a detailed response on a separate sheet except for question 8)

1.Have you received disciplinary actions against your license to practice by a Board of Nursing, administrative agency, professional association, disciplinary committee, or another professional group?	Yes	No
2.Have you ever been convicted of or entered a plea of guilty or no contest or forfeited collateral for any criminal violation other than a minor traffic offense?	Yes	No
3.Are you currently facing charges for any violation of law or by a regulatory agency?	Yes	No
4.Have you ever been convicted by a military court?	Yes	No
5.Have you ever been imprisoned or placed on probation?	Yes	No
6.Are you presently, or have you ever been a party in interest in any administrative agency proceedings or civil litigation relevant to the position to which you seek to be appointed?	Yes	No
7.Has any business in which you are or were an officer, director, partner, member, or	Yes	No
owner been a party to any administrative agency proceedings or civil litigation relevant to the position you seek to be appointed to?		
8.Do you hold an unencumbered NP License in the state of MS?	Yes	No
	Yes	No
9.Do you currently have any pending investigations or allegations against your license?		

Please allow my name to stand for nomination to the MANP Board of Directors as stated on this application. I am willing to commit my time, energy, and passion to the MANP organization.

Date

CONSENT AND CERTIFICATION:

As a potential candidate for MANP office, I acknowledge and agree to the following;

- Positions with MANP are strictly voluntary. From our experience, Board Members and committee members spend a minimum of 15 hours or more per month on MANP work. Depending on the level of involvement and commitment, this time might increase. I agree to always act in the best interest of MANP, disclose, avoid conflicts of interest, and not pursue a personal agenda. I agree to attend meetings, participate in discussions, be prepared, review materials, and ask questions. Furthermore, I know and will adhere to state laws, MANP bylaws, support Board decisions, and policies, and honor contracts and financial obligations of MANP Board. I understand the commitment and responsibilities of board service and position duties and will adhere to the Code of Ethics when serving on Boards and Committees.
- I agree to uphold fiduciary duty on behalf of MANP, exercise due diligence in monitoring
 MANP financial condition, and to maintain confidentiality concerning Board operations.
 Furthermore, to the best of my ability, I will make informed decisions in good faith, act
 prudent, use good decision-making, be honest, and ensure adequate record keeping.
- Participate and travel to meeting events, speaking engagements, committee meetings, networking events, Legislative or social events at my own expense unless expenses are approved in advance by the MANP Board of Directors.
- Commit to serving the two-year term for the position I seek unless otherwise set by MANP.

I understand and agree that my appointment as MANP Board of Directors is conditional upon reviewing my qualifications, references, etc. I authorize MANP to request and obtain verification that my information on this application form is true and accurate. I understand that such verification may include but may not be limited to background information pertinent to the MANP Board of Directors position and investigation of criminal history. I further understand that if I have given any false information on the application or omitted pertinent facts, I may be disqualified from the MANP Board of Directors position and may be removed upon discovery of such false statements.

REFERENCES

At least one reference should be from an employment capacity or as part of a professional group.

1.	Name:
	EMAIL Address:
	Telephone #(s):
	How long have you known the individual?
	Associated relationship?
2.	Name:
	EMAIL Address:
	Telephone #(s):
	How long have you known the individual?
	Associated relationship?
3.	Name:
	EMAIL Address:
	Telephone #(s):
	How long have you known the individual?
	Associated relationship?

Disclosure Form

1. <u>Specific Disclosure</u>: Member shall fully disclose the precise nature of their interest or involvement when participating in any transaction of the organization in which another party to the transaction includes:

- **O** Himself or herself;
- **O** A member of the family (spouse, parents, brothers, sisters, children, or any other immediate relative); or
- **O** An organization with which the member or his/her family is affiliated.
- **O** Disclosure shall be made at the first knowledge of a transaction and annually.

2. <u>General Disclosure</u>: Executive Director, Members of the Board, and staff shall disclose all relationships and business affiliations that may now, or in the future, conflict with the organization's interests or bring personal gain to them or their family or business. If any Executive Director, member of the Board, staff, or a member of his or her family acts in one or more of the following capacities, disclosure must be made:

- Is an officer, director, trustee, partner, employee, or agent of an organization with which our organization has business interests.
- Is either the actual or beneficial owner of more than one percent of the voting stock or controlling interest of an organization with which our organization has business interests:
- Is an officer, director, trustee, partner, employee, or consultant for such an organization; or has any other direct or indirect dealings with an individual or organization from which he or she is materially benefiting (e.g., through the receipt, directly or indirectly, of cash, gifts, or other property).

3. <u>Reporting of Disclosures</u>: All disclosures applicable to the Executive Director or members of the Board shall be listed at the end of this document and will be reviewed by the Board of Directors for conflicts. Information disclosed will be held in confidence.

4. <u>Determination of Possible Conflict of Interest Disclosure Letter</u>: Any individual who is uncertain about a conflict of interest in any matter shall without delay disclose such possible conflict to the Board of Directors.

5. <u>Failure to Disclose</u>: Filing is a requirement for continued affiliation or employment with MANP. Further, failure to knowingly disclose a potential conflict of interest could result in disaffiliation or termination of employment or contract.

6. Restraint on Participation:

Executive Director, Members of the Board, and staff who have a conflict of interest in any matter shall refrain from participating in the proposed transaction. The person or persons involved will not vote on such matters. However, the Board may request information or interpretation from the person or persons involved for particular reasons.

Signature

Date

Submission Check List of Items to Include

- □ Candidate Application
- 🛛 Bio
- □ Headshot in png or jpeg
- □ Ethics Agreement, Signed
- □ Consent & Certification for Candidacy, Signed
- Disclosure Form & any attachments, Signed

Send all documents by the deadline. No applications will be considered after deadline.

Mail:	MANP
	Attention: Nominations
	1888 Main St., C312
	Madison, MS 39110

- Fax to: (601)-510-7833
- email to: <u>msanp@msanp.org</u>