# **National Network of Health Career Programs in Two-Year Colleges**

**2020 NOMINATIONS
BIOGRAPHICAL INFORMATION**

(Limit to one page)

NOMINATED FOR (Title of Position):

Candidate’s Name:

Candidate’s Employer:

Candidate’s Title:

Biographical Sketch:

Education:

Professional Experience:

Reason for wanting to be a member of the NN2 Board and candidate’s recommended NN2 goals for 2020-2021:

**Email form as an attachment to Diane Neefe at neefediane@gmail.com by the published deadline.**

**CONSENT TO 2020 NOMINATION**

**National Network of Health Career Programs**

**In Two Year Colleges**

**ATTENTION: Nominations and Elections Committee**

Contact: Diane Neefe

E-mail form as an attachment to: neefediane@gmail.com

Dear Nominations and Elections Committee,

I accept the Nomination to run for an elected position either as an Officer or Board Member-at-Large for the National Network. I have reviewed the job description of the position for which I have been nominated, and agree, if elected, to fulfill those job duties for the term.

Name:

Address:

City: State: Zip:

Phone: Fax: E-Mail:

Employer:

Title:

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

**061119 Consent to Nomination 2020**