



PHILIPPINE NURSES ASSOCIATION OF SOUTHERN CALIFORNIA, INC.

NOMINATION & ELECTION **PNASC West Los Angeles Subchapter**

You can make a difference in charting the course of your organization.

By the Nomination and Election Committee

KEEP YOUR MEMBERSHIP DUES CURRENT AND VOTE!

The Nomination and Election Committee is urging everyone eligible to seriously consider running for office. If you have friends and acquaintances whom you think are eligible and best fitted for any of the various positions open for election, please encourage them to run. Self-nominations are gladly accepted. We need movers and shakers to keep PNASC viable and vital.

The positions open for election are:

President Elect

Secretary

PRO

Three(3) Board Members

Each position is a two-year-term. The duties and responsibilities for each position are outlined in the PNASC Bylaws. Additionally, the candidate for any of the elected offices must be an active participant in the association's activities, local and national and a paid member on or before the submission of intent to serve before February 16, 2022.

Please pay attention and adhere to the timelines so that we are all in compliance with the provisions of the nomination and election process outlined in the PNASC Policy and Procedure.

January 14, 2024 - Deadline to file candidacy.

Completed candidacy packets must be received by NOMELEC on or before the above date. Packet includes:

1. Nomination Form

2. Consent to Serve including candidacy platform

3. An abridged Curriculum Vitae – maximum 2 page in WORD document

4. Conflict of Interest Form

5. Photo Release Consent, and most recent 2x2 photo JPEG format ONLY

EMAIL packet to pnascnomelec@gmail.com by January 14, 2023. Incomplete packet will be disqualified.

February 18, 2024 - Deadline for payment of membership dues. Membership applications/dues received after this date will be ineligible to vote.

March 1, 2024 - Election ballots and instructions will be e-mailed to all eligible voters. Voting process shall be by **electronic voting only**.

March 31, 2024 – Voting will end 30 days from initial voting day. Election will close at 11pm PST on 03/31/2024. Ballots received after the deadline will be invalid.)

April 13, 2024 - General Assembly Meeting. Election results will be announced. Venue and time to be announced.

Nomination and Election Committee:

Chairperson: Roland Santos

Members: Antonette Nunez, Diane Roque, Joanelly Salinas, Gail Jones

Adviser: Regalado Valerio

Please complete the following membership form and mail with payment to (or register online @ www.mypnasc.org):

PNASC Membership 623
 11611 Petunia Ct
 Jurupa Valley, Ca 91852

***to be eligible to vote, membership must be received by February 18, 2024.

Note \$50 of Active member dues are paid to PNA America, your national organization which you become a member of.

<p>Benefits of Membership PNASC CHAPTER</p> <p>Empowerment and enhancement of the Filipino American nurses through</p> <ul style="list-style-type: none"> ❖ Leadership opportunities. Application to serve as Executive Board and be a Western region Committee representative to PNA. ❖ Collaboration and networking with Southern California nurse leaders, professional and community organizations. ❖ Advancement and professional growth in nursing practice, research, and education. Be a speaker/Lecturer. ❖ Committee Engagement of your choice. ❖ Annual Nurse Week Celebrations with educational programs on relevant and current topics. ❖ Annual Nursing Excellence Awards and scholarship grants to qualified candidates. <p>WITH NATIONAL MEMBERSHIP BENEFITS</p> <ul style="list-style-type: none"> + Journal of Nursing Practice Applications and Reviews of Research (JNPARR) -bi-annual. +PNAA Scholarship/Research Grant. +ILDP -Leadership Development program +Clinical Ladder /Career Enhancement + Medical Mission +Stay active with Annual 5K Walk/Run +Meaningful relationships with other chapter members and peers. 	<p>VISION</p> <p>PNASC, Inc, the Filipino American professional nursing organization of choice in Southern California.</p> <p>MISSION STATEMENT</p> <p>As the official professional organization of Filipino American nurses in Southern CA, PNASC will uphold the positive image and welfare of its constituent members, promote professional excellence, and contribute to the significant outcomes to healthcare and society.</p> <p>GOALS</p> <p>Promote activities which will unify the Filipino American nurses in Southern California.</p> <p>Collaborate with professional organizations and agencies in developing and implementing programs relevant to nursing practice, education and research.</p> <p>Participate actively in community activities which directly and indirectly impact nursing and healthcare.</p>	<p>WELCOME TO</p> <p>PNASC, INC www.mypnasc.org Philippines Nurses Association of Southern CA Founding Chapter of PNA America</p>  <p>PNASC Relevance</p>
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<p>Read more on the different committees on www.mypnasc.org and sign up to join!</p> <p>I am interested in being a committee member:</p> <p><input type="checkbox"/> Archives</p> <p><input type="checkbox"/> Community Outreach</p> <p><input type="checkbox"/> Constitution and Bylaws</p> <p><input type="checkbox"/> Education & Research</p> <p><input type="checkbox"/> Finance</p> <p><input type="checkbox"/> Legislative/Human Rights</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Nomination and Election</p> <p><input type="checkbox"/> Practice</p> <p><input type="checkbox"/> Program and Awards</p> <p><input type="checkbox"/> Publicity and Website</p> <p><input type="checkbox"/> Ways and Means</p> <p><small>NOTE: Once application is received and process, a confirmation of receipt will be sent via email.</small></p> <p><small>An email will be sent to the applicant with instructions in creating a unique ID Log-In Name and Password. This will provide access to visit For-Members-Only section in the website and to update profile/account settings.</small></p>	<p>MEMBERSHIP APPLICATION TYPES OF MEMBERSHIP:</p> <p>Student Nurse : Nursing Student in an Associate or baccalaureate program Active Member : A professional RN of Philippine ethnic origin (Fil-Am) Associate Member: A professional RN of Non-Philippine ethnic origin or an LVN of Philippine ethnic origin</p> <p>MEMBERSHIP TYPE: Active () 1 yr. \$ 95.00 () 2yrs \$170.00 () 3 yrs. \$255 Associate () 1 yr. \$ 45.00 () 2yrs \$ 85.00 Student Nurse () 1 yr. \$30 () 2 yrs. \$60</p> <p>NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> SUBCHAPTER: WLA <input type="checkbox"/></p> <hr/> <p>*NAME _____ *BIRTHDAY _____</p> <p>*MAILING ADDRESS _____</p> <p>*CITY _____ ZIP CODE _____</p> <p>* Email ADDRESS _____</p> <p>* CONTACT NUMBER _____</p> <p>*LICENSURE RN/LVN _____ *LICENSE NUMBER _____</p> <p>*DEGREE COMPLETED, CIRCLE ONE: BSN, MSN, DNP, PhD, OTHER _____</p> <p>*EMPLOYER _____ ADDRESS _____</p> <p>* Required field</p> <p><i>By signing below, I certify all information is true and correct to the best of my knowledge.</i></p> <p>*SIGNATURE OF APPLICANT _____ DATE _____</p> <p>Recruited by: _____</p>
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NOMINATION & ELECTION

www.mypnasc.org

PNASC West Los Angeles Subchapter

NOMINATION FORM FOR EXECUTIVE BOARD POSITION

TERM 2024-2026

I would like to nominate: *(Please print)*

Name _____

Address _____

Telephone: Home _____ Business _____

E-mail _____

For the Office of: *(Please check)*

PNASC West Los Angeles Subchapter

For the Office of: *(Please check)*

President Elect

Secretary

PRO

Board Member (Three positions)

If you have more than one nomination, please duplicate this form.

Nominator's Name _____

Address _____

Telephone: _____ Email _____

**Completed nomination form with accompanying requirements (see
Nomination & Election info) must be received electronically on or before
January 14, 2024.**

Committee on Nominations & Election

Roland Santos., Chairperson

Email to: pnascnomelec@gmail.com

FOR COMMITTEE ON NOMINATION & ELECTION USE ONLY

Date received _____

Photo _____

Consent form _____

Remarks _____

Nomination form complete _____

Signature _____

COMMITTEE ON NOMINATIONS AND ELECTION
(CNE) CONSENT TO SERVE

I, (Name) _____ hereby give consent to have my name listed as a nominee for the office of (Position) _____ Term 2024-2026. I have reviewed the roles and responsibilities of the position I have been nominated. If elected, I promise to serve in the above capacity for the duration/tenure of the office, according to the provisions of the bylaws of the Philippine Nurses Association of Southern California.

Signature & Title

Please print your name as you prefer to have it appear on the official ballot.

Provide a brief position statement/goals for running in this position and describe what difference you will make if elected in this office (candidacy platform). Limit to 120 words. Use additional sheets if necessary.

FOR COMMITTEE ON NOMINATION & ELECTION USE ONLY

Date received: _____ Is it complete? YES NO
If incomplete, nominee was notified by: Phone •• Writing •• In person
•• •• ••
Membership status: ••Current ••Regular ••Lifetime No. of years as member _____

Comments: _____

CNE Name: _____ Signature: _____



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CONFLICT OF INTEREST DISCLOSURE STATEMENT

I _____, hereby declare that I have read and understood the attached PNASC Standard and Rules of Conduct Policy and Procedure. At this time, I do not have any conflict of interest or potential conflict of interest to disclose as delineated in the PNASC Policy and Procedure. I will update this disclosure statement annually or whenever a potential or real conflict arises.

Date

Candidate's signature

I have read and understood the attached PNASC standard and Rules of Conduct Policy and Procedure. I hereby disclose the following as conflict of interest or potential conflicts of interest in accordance with the policy: (Use additional sheets if necessary)

Date

Candidate's signature

NOTE: The NOMELEC will strive to maintain confidentiality of sensitive information disclosed by the candidate. All information provided will only be used for official review of candidate's eligibility for the office being sought.

Do not write on this box. (For Official Use Only)

On further review of the contents of this disclosure, the applicant is deemed:

- Eligible to run for office
- Ineligible to run for office

Date

Chairperson, NOMELEC

This form must be submitted with the original official Nomination Form

This form must be submitted with the original official Nomination Form



www.mypnasc.org

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NOMINATION & ELECTION

PHOTO RELEASE CONSENT

I authorize the PNASC NOMELEC to publish the attached photograph.

I further consent that the above can be used by the NOMELEC for:

- Publication
- As part of an exhibit
- As a part of a visual presentation

Furthermore, the photograph hereby submitted becomes a property of the PNASC and I will not in any way claim or demand for its return.

The term "photograph" as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical means of recording and reproducing images.

Signature: _____ Date: _____

Name: (Please _____ print)

Email photo 2x2 JPEG ONLY to pnascnomelec@gmail.com

This form must be submitted with the original completed PNASC Nomination Form