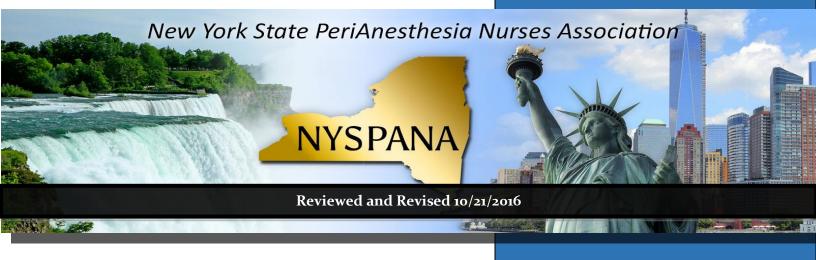
NYSPANA Willingness-to-Participate Form



Mission Statement

The New York State Perianesthesia Nurses Association advances nursing practice through education, research and standards

Policy and Procedure – Willingness to Participate Form

Please completely fill out the following form Print legibly

Name (include your credentials): Address: City: New York Zip Code:
Home Phone: ()
Work Phone: ()e-mail address:
Employer: Specialty:
Education: Diploma 🛛 AD 🔲 BSN 🔲 MS 🔲 Other 🗖
ASPAN Membership # # of Years as ASPAN Member: Certification: CAPA CPAN # of Years of Certification: Peri-Anesthesia Nursing Experience:
Interest in Office: President Vice-President Secretary Treasurer Nominating Committee
Please write three or four sentences as why you are interested in running for a position on the NYPSANA Board.
Send completed form to: Barb Ochampaugh 6 Wilkins Avenue, Albany, NY 12205 Email: barbochampaugh@verizon.net