

# NYSPANA

## Willingness-to-Participate Form

*New York State PeriAnesthesia Nurses Association*



NYSPANA

Reviewed and Revised 10/21/2016

### **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](mailto:barbochampaugh@verizon.net)