



2019 CALL FOR NOMINATIONS

Nominations are open for the following NADONA offices:

PRESIDENT TREASURER

NADONA's National Office must **receive** nominations no later than the close of business on **September 30, 2019** in order to be considered by the Nominating Committee.

Any NADONA member may nominate a candidate as long as the candidate consents to the nomination or a candidate may self-nominate. All nominations must be made on the Candidate Nomination Form. Please ensure that each candidate meets the qualifications before making any nomination.

The Nominating Committee will exercise its discretion in selecting candidates. The determination of whether a candidate is qualified for the office for which the nomination is submitted shall be made by the Nominating Committee. All such decisions shall be final.

Candidate Qualifications:

1. Each candidate for any office must be an Active Member of NADONA on the date of the nomination, have been an Active Member for the past three (3) years, and must maintain active membership through the date of the election and the term of any office to which the candidate is elected. The definition of an Active Member is: "Any licensed registered nurse who is currently or has previously served in a position as Director, Assistant Director, Associate Director or Consulting Director of Nursing within the long-term care continuum and/or who serves or has served in a state licensed long-term care facility, who shall have paid appropriate fees and is otherwise qualified for membership as provided in the Code of Regulations."
2. Each candidate must have a history of service in NADONA and should indicate such service on the Candidate Nomination Form.
3. The Candidate Nomination Form must be submitted for each candidate, including any incumbent Board member or officer. Each candidate must sign the Candidate Nomination Form.
4. Each candidate for the office of President or Vice President must have previously served on the NADONA board of trustees.

Candidate Qualifications (cont):

5. An individual, who is affiliated with a competing healthcare organization, as determined by the Nominating Committee, is not eligible as a candidate.
6. Each candidate should review the Board Expectations and Position Description to understand the duties and responsibilities that are expected of each board member and officer.
7. The Nominating Committee, in its discretion, may request a candidate for one office to run for another office. The candidate may refuse this request.
8. Each person who submits a Candidate Nomination Form is encouraged to use a service such as “certified mail, return receipt requested” to confirm that a nomination has been received by NADONA’s national office.
9. Nominations received after September 30, 2019 will not be considered by the Nominating Committee. NADONA is not responsible for forms lost in transit.
10. The Nominating Committee’s (NC) goal is to present the best possible slate of candidates for the membership’s vote. The NC may return an application to a potential candidate that may not have fulfilled their duties in a previous NADONA Board office. The NC may ask the candidate to run for another open office, if that candidate is better suited for that office than the office they originally applied. The NC may contact the NC at the state level to insure that the candidate has fulfilled their obligations of office and completed their term. The candidate will be confirmed with both the National and State levels to verify they have maintained concurrent membership and remain a member in good standing.
11. Active retired members are eligible to run for office.

As a candidate for office in NADONA, I understand by signing below, that when I am notified by the Nominations Committee of the results, I will hold this information as confidential and not release it in any platform, until NADONA has published the results. By signing below, I am acknowledging that I do not own, operate, or hold office in a competing organization, and will not seek office, operate or own a competing LTC or post-acute care organization or business as long as I am on the NADONA Board.

National Association of Directors of Nursing Administration
NADONA BOARD CANDIDATE APPLICATION

DEADLINE FOR SUBMISSION: September 30, 2019

NOTE: This is the required format.
You may complete this computerized form and submit electronically (preferred) or via fax.
SIGNATURE REQUIRED (electronic signature acceptable)

For your information, the scoring criteria used are listed in the gray box below each section.

NADONA National Board Position Desired: (Pres or VP positions require having held a board position previously)

1st Choice: _____

2nd Choice: _____

Name (with credentials): _____

Current Title: _____

Name of Facility/Institution: _____

Work Address: _____ Work Phone: _____

_____ Work E-mail: _____

Home Address: _____ Home Phone: _____

_____ Home E-mail: _____

Which nursing organizations are you a member of and for how long? _____

I. PHILOSOPHY STATEMENT:

National Association of Directors of Nursing Administration/LTC Candidates: Describe how your leadership experience would be an asset to the NADONA Board. Include a philosophy statement clearly describing your philosophy on certification and specific strategies and goals to help NADONA achieve its vision and mission. Please limit your statement to 250 words or less.

Philosophy = max. 2 points; Strategy = max. 2 points; Goals = max. 2 points

II. EXPERIENCE IN Long Term Care/Geriatrics/Nursing Administration:

A. Number of years in Long Term/Post-Acute Care: _____

(1-4 years = 1 point) (5-10 years = 2 points) (More than 10 years = 3 points)

B. NADONA CDONA Certification: Yes No
 Year of Initial Certification: _____
 Year(s) of Recertification: _____

(1-5 years = 5 points) (More than 5 years = 8 points)

C. Certification in another healthcare-related professional area: Yes No
 If yes, please list (including other NADONA Certifications)

Certified in another healthcare-related professional area = 2 points

D. Diversity of Professional Disciplines/Direct Program Accountability: Indicate areas of prior or current infection prevention and control experience. Then, for each discipline/program area, indicate whether you had oversight responsibility or participation. Please choose one box for each discipline/program area as applicable.

<u>DISCIPLINE/PROGRAM AREA</u>	<u>Oversight Responsibility</u>	<u>Participation</u>
Long Term Care Care	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>
Infection Prevention	<input type="checkbox"/>	<input type="checkbox"/>
Community Health/Public Health	<input type="checkbox"/>	<input type="checkbox"/>
Transitional Care	<input type="checkbox"/>	<input type="checkbox"/>
Home Health	<input type="checkbox"/>	<input type="checkbox"/>
Hospice Care	<input type="checkbox"/>	<input type="checkbox"/>
Ambulatory Care (office, clinics, surgery, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>
Occupational Health/ Environmental Safety	<input type="checkbox"/>	<input type="checkbox"/>
Quality Mgmt./Performance Improvement/ Risk Management/ Patient Safety	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Oversight Responsibility = 1 point each; Participation = 0.5 points each

E. Management Experience (check all that apply):

- 1. Department Management with budget responsibilities (1 point)
- 2. Direct Supervision of 1-4 Staff (1 point)
- 3. Direct Supervision of 5 or greater staff (2 points)
- 4. Management/Supervisory Responsibilities for greater than 3 years (1 point)
(any of above A-C)

Max of 4 points

III. EDUCATIONAL EXPERIENCE:

Indicate highest degree held:

- Associates or equivalent = 1 point
- Certificate Courses (Provide Description)
- Diplomas (Provide Description)
- Bachelors = 2 points
- Masters = 3 points
- Post-Masters = 4 points
- Doctorate (Clinical/Academic) = 5 points

Max of 5 points

IV. ORGANIZATIONAL LEADERSHIP EXPERIENCE:

Place an X in box for each leadership positions held in organizations. If you held the same position for more than one year, **you must list each year under the year(s) served to receive points.**

Title	Year(s) Served (Example: 1983-1984)	Local Organizations	State Organizations	Regional Organizations	National Organizations	International Activity	Other Healthcare Related	Other (<i>non- healthcare related</i>)
President								
President-Elect/ Vice-President								
Treasurer								
Secretary								
Board Member								
Nominating Comm.								
Comm./Council/ Program Chair or Co-Chair								
Committee/Council Member								
Task Force Chair								
Task Force Member								
Section Chair								
Focus Group Leader								
Special Projects								

V. **LEADERSHIP CHARACTERISTICS**

NADONA Board of Directors and Nominating and Awards Committee have identified various leadership competencies individual board members must possess in order for the certification corporation to achieve its mission and vision. Leadership competencies are collections of skills and knowledge individuals must demonstrate to effectively perform their jobs. Skills are an individual's personal capability to do something, such as think strategically or communicate effectively. Knowledge is the information and understanding an individual must have in order to be effective, such as principles of accounting.

For each leadership competency listed, please provide a brief description (narrative or bullets) of how your previous/current experience has helped you achieve this competency. Your examples should highlight your previous organizational experiences, outcomes, and lessons learned in the organizations listed in section IV.

- A. **Developing self and others**—the ability to continuously learn and grow, and promote the development of others (*no more than 150 words*)

Example: Served as a mentor for peers or someone new to the field of geriatrics/LTC

- B. **Collaboration**—the ability to manage relationships, build consensus and promote strong teamwork and garner commitment and participation of others to achieve and effect positive change (*no more than 150 words*)

Example: Served as a leader for a multi-disciplinary performance improvement team that focused on reducing bloodstream infections. The team efforts resulted in a 30% reduction rate.

- C. **Representing and advancing the profession**—the ability to professionally and positively represent, advocate for and advance the post-acute and long-term care profession (*no more than 150 words*)

Example: Testifying before a governmental agency on an nursing leadership issue.

- D. **Performance Improvement** — the ability to inspire confidence and action to lead and implement change (*no more than 150 words*)

Example: Championed a culture change for patient safety to reduce readmissions; Served as a leader for a performance improvement team that focused on reducing UTI's and thus decreasing readmissions to acute care. The team efforts resulted in a 30% reduction rate.

- E. **Critical Thinking Skills**—the ability to make astute decisions and communicate sound, fact-based and timely choices and decisions that reflect the long and short-term interests of the profession (*no more than 150 words*)

Example: Proposed plan for MRSA surveillance in the organization despite administrative resistance due to cost

- F. **Leveraging technology**—the ability to embrace and leverage technology to enable analysis and decision making related to post-acute and long-term care (*no more than 150 words*)

Example: Collaborated with IT to develop an alert system to identify high risk falls residents

- G. **Financial management**—the ability to interpret and appropriately use data within financial statements to promote the financial position of the use of Overtime and or Agency use (*no more than 150 words*)

Example: Presented a business case to administration and obtained additional resources for the training and orientation of Graduated nurses to cut down on Agency use.

- H. **Communicating for results**—the ability to openly, efficiently and compellingly express ideas as a representative of the organization (*no more than 150 words*)

Example: Submitted editorial on zero-tolerance of Abuse to the media

(Max of 24 points for section)

VI. CANDIDATE REFERENCES (4)

- A. Facility/Institution/Agency:
Title or professional relationship:
Name:
Address:
Phone:
Email:
- B. Facility/Institution/Agency:
Title or professional relationship:
Name:
Address:
Phone:
Email:

C. Facility/Institution/Agency:
Title or professional relationship:
Name:
Address:
Phone:
Email:

D. Facility/Institution/Agency:
Title or professional relationship:
Name:
Address:
Phone:
Email:

Evaluation of Leadership Scale:

Each candidate leadership competency survey is reviewed for the leadership competencies listed in section V. Points awarded are derived from the examples and scale scores of responses.

Leadership Competencies Scale includes:

- Developing self and others
- Relationship and consensus building
- Representing and advancing the profession
- Performance Improvement
- Making astute decisions
- Leveraging technology
- Financial management
- Communicating for results

Each characteristic is evaluated using Likert scale.

***** PLEASE DO NOT FORGET TO SIGN AND DATE YOUR APPLICATION *****

NADONA CANDIDATE APPLICATION

NON-SCORED ESSENTIAL INFORMATION BELOW
PLEASE PROVIDE FOR BALLOT, IF SELECTED

FOR BALLOT PRINTING

1. **Biographical Profile:**

This should be written in the third person and worded EXACTLY as you wish it to appear on the ballot. Indicate achievements and accomplishments in post-acute and long-term care. (no more than 250 words)

2. **Employer Notification:**

If elected and you would like someone at your place of employment notified, please indicate below.

Name:

Title:

Address:

Phone:

Email:

3. **MANDATORY Attachments to this Application:**

The documents listed below should accompany this application when submitted for evaluation by the committee:

Curriculum Vitae: Enclose a copy of your current CV. Your CV should include the following items:

- Education
- Faculty or academic appointments
- Certifications (*include dates*)
- Work Experience (*describe any leadership positions held*)
- Publications (*authored by you – include dates*)
- Presentations (*regional, state, national, international*)
- Abstracts (*poster and oral at national or international meetings*)
- Awards (*include dates*)
- Skills & Interests (*related to your occupation*)

Photograph: You must submit a recent color photo with your application. You can submit your photo either by regular mail or via email. Electronic submissions should be in a .jpg file format with a minimum 300 dpi. Send photo to Sherrie@nadona.org

NADONA CANDIDATE APPLICATION

**I AFFIRM THE INFORMATION INCLUDED IN THIS APPLICATION IS TRUE
AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

For E-Mail Submission, Click Here to Insert Your Digital Signature

Date

For FAX Submission, Please Sign Here

Printed Name

Title:

Facility:

Address:

Return Completed Application by email or secure fax to:

NADONA Nominating Committee

Fax: 513-791-3699

Email: info@nadona.org