American Nurses Association
Application for Nurse Political Action Leaders

ANA Government Affairs Department
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
Fax: (301) 628-5348 | gova@ana.org

Last Name_____ First Name _____

Credentials_____ Date_____

E-Mail Address_____

Home Mailing Address_____

_____

Home Phone_____ Work Phone_____

Mobile Phone_____ Fax_____

CMA State of
Membership_____

Congressional District_____

1. Are you an ANA member? Yes_____ No_____

2. Do you have consistent internet access? Yes_____ No_____

3. Do you have a non-work related e-mail account? _____

4. Are you registered to vote in your district? Yes_____ No_____

5. What is your political party affiliation? _____

6. Are you a member of the Nurse Strategic Action Team (N-STAT)?
   Yes_____ No_____

7. Were you an N-STAT Leader in the past? Yes_____ No_____

If yes, which state and legislative district did you represent?_____

8. Describe any personal connections you have with the legislators in your district. If you have no connections, specify that as well.

_____
_____
_____

9. Describe any previous political or legislative involvement you may have had. If you have no previous political experience, write " not applicable."

_____
_____
_____

10. Describe any other experience (including any clinical experience) you have that might be helpful in the consideration of your application for N-PAL position.

*Please return the completed form to the ANA via mail, e-mail, or fax. *

For ANA use only:

Approval signature for N-PAL position:

Accept: _____ **Decline:** _____

_____ _____

ANA Grassroots Coordinator Date

CMA Approval:

Accept: _____ **Decline:** _____

_____ _____

CMA President or Executive Director Date

_____
_____
_____