

NATIONAL STUDENT NURSES' ASSOCIATION, INC.

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SCHOOL DELEGATE CREDENTIAL FORM
(Printout, complete and bring this form with you to convention)

This form is to be used for the credentialing of the school delegate(s) and alternate(s). In order to be seated in the House of Delegates, the delegate and alternate named below must:

1. Register as a member for the NSNA convention. **Proof of membership** must be shown during registration.
2. Complete this form, have a **school chapter officer add their NSNA membership number and signature at the end**, and take it to Delegate Credentialing after completion of the convention registration process.
3. Show the delegate credentialing committee **proof of enrollment** (current student ID) in the constituent school of nursing listed below and proof of NSNA membership.
4. Have a **Official Application for Constituency status** completed for your school by a school chapter officer if one has not already been mailed to the NSNA office.

All delegates should complete their credentialing as soon as possible after registering for the convention.

Please print

School Constituent

(Name of school) _____

Campus _____ State _____

Delegate _____

Print name

NSNA Membership # _____ Expiration Date _____

Delegate Signature _____

Alternate _____ Title _____

Print name

NSNA Membership # _____ Expiration Date _____

Alternate's Signature _____

As the school chapter officer, I hereby certify that the above named are the official delegate and alternate of our association, and are entitled to represent our members in the House of Delegates.

Name _____

NSNA Membership # _____ Exp Date _____

Signed _____ Date _____

School Chapter Officer (title) _____

FOR NSNA USE ONLY

Voting Card Number Issued _____ Date _____ By _____