

**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.

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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) \_\_\_\_\_

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**FOR NSNA USE ONLY**

Voting Card Number Issued \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_