



An Association of WOCN Nurses

CANDIDATE PROFILE WOCN North Central Region Election

Office Candidate is seeking: _____

Name: _____ Credentials _____

Years as WOCN _____ Years of Membership in WOCN _____

Employment Information:

Position & Title _____ Location _____

Educational Background: _____

Relate Past and present positions/ activities (WOCN & other) which reflect you leadership abilities.

If elected, what strengths and skills will you bring to WOCN- NCR leadership? _____

Please keep your answers brief as they will be published in the newsletter and web-site.

Signature _____ Date _____