

Candidate Profile
North Central Chapter of the WOCN® Society Election

Office Candidate is seeking: _____

Name: _____ Credentials _____

Years as WOC Nurse _____ Years of WOCN Membership _____

Employment Information:
Position & Title _____ Location _____

Educational Background: _____

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

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

Please keep your answers brief as they will be published in the newsletter and website.

Signature _____ Date _____