



ASSOCIATION OF DEANS OF PHILIPPINE COLLEGES OF NURSING, INC.

NOMINATION FORM

I hereby nominate _____ for the position of

_____.

Nominated by:

(Signature over Printed Name)

Conforme:

(Signature over Printed Name of the Nominee)

Nomination form received by:

(Signature over printed name of NOMELEC Chair/Member)

VERIFICATION and APPROVAL of NOMINATION

1. Membership to ADPCN for the last three (3) consecutive years:
_____ 2017-2018 _____ 2018 – 2019 _____ 2019 - 2020
2. With current official appointment as Dean of a recognized College of Nursing:
Name of School: _____
Region: _____
3. Has held position as Dean for the last three (3) consecutive years: Yes No
4. Holder of MAN/MSN/MN Degree: Yes No
Year the degree was earned: _____
5. With updated PRC ID: Yes No

Certified true and correct by:

(Signature over Printed Name of ADPCN Secretary)

Nomination Approved by:

(Signature over printed name of NOMELEC Chairman)