**Community Health Nursing Professional Governance Organization**

**Chair / Chair-Elect Nomination Form**

**Applicant/Nominee Information**

**Name:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

**Department:** Click or tap here to enter text.

**Years of Experience at UVA Health:** Click or tap here to enter text.

**Contact Information (Phone & Email):** Click or tap here to enter text.

**Position Applying For/Being Nominated For:**

[ ] Chair [ ] Chair-Elect

**Central Councils**

[ ] Practice & Quality [ ] Professional Development [ ] Innovation & Research

[ ] Community & Engagement

**Central Committees**

[ ] DAISY [ ] Professional Clinical Ladder [ ] Peer Review

**Nomination Type**

[ ] Self-Application [ ] Peer Nomination [ ] Leader Nomination

**Nomination Statement (Required)**

Please provide a brief statement describing why you or the individual you are nominating is a strong candidate for a Shared Governance leadership role:

Click or tap here to enter text.

**UVA Health ASPIRE Values**

The following questions focus on how you embody UVA Health's ASPIRE values and how these will guide your leadership or participation in UVACH’s professional governance council/ committees.

**Accountability & Stewardship:**

Describe a situation where you demonstrated **accountability** for a challenging task and **stewardship** of resources to ensure a successful outcome. How would you encourage colleagues to embrace shared accountability while utilizing resources effectively within professional governance council/committees?

Click or tap here to enter text.

**Professionalism & Respect:**

Share an example of how you fostered a **professional** and **respectful** environment while managing a conflict or navigating diverse viewpoints. How would you contribute to a collaborative and inclusive atmosphere within the professional governance council/committees?

Click or tap here to enter text.

**Integrity & Equity:**

Describe a time when you upheld your integrity values while actively promoting **equity** and inclusion in your work. How would you champion fair practices, address disparities, and ensure all voices are valued within professional governance?

Click or tap here to enter text.

**Additional Information**

Please list any relevant shared governance experience, committee work, or professional development activities that demonstrate your commitment to leadership in nursing:

Click or tap here to enter text.

**Signature**

I certify that the information provided on this form is true and complete to the best of my knowledge.

**Signature of Candidate/Nominee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Signature of Nominator (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Please return the completed form and any supporting documents to UVA CH Center of Nursing Excellence at uvachcone@uvahealth.org**