

**American College of Nurse-Midwives
Nominating Committee
Consent to Serve Form
For fullest consideration, Due Date: July 15, 2010**

Thank you for agreeing to be considered as a nominee for office for the 2011 ACNM election. As a nominee, you must carry out the responsibilities of the office as outlined in the ACNM Bylaws which can be viewed on the ACNM Website at www.midwife.org. Further information about the election process is also available at the bottom of the ACNM home page, click "About", then click "elections."

To complete your application to become a nominee, you must submit this form and your up-to-date CV. The names of potential nominees will be held in confidence by the Nominating Committee and should be held in confidence by the nominees themselves until the ballot is released.

Please remember: a nominee's application cannot be considered until this form is completed and the CV is received. Nominees must use the name and address shown on ACNM records.

By signing next to the appropriate office, I hereby agree to have my name considered by the Nominating Committee on the year 2011 ballot of ACNM. (*if you are interested in more than one office/role, please rank order your interest along with your signature in the box) **FAX TO: Thomas Chappell, CNM at 803-774-4629**

2011 Election Cycle (new term commences 2011-2014)

<u>Office</u>	<u>Signature</u>
	I affirm that all materials submitted by me are complete and accurate to the best of my knowledge, and that I am currently an active member of the ACNM and participating in continuing competency assessment as outlined by AMCB.
Vice-President	
Region I Representative (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont and Non-US Locations)	
Region VI Representative (Alaska, American Samoa, California, Guam, Hawaii, Idaho, Nevada, Oregon, Washington)	
Nominating Committee	

The nominating committee reserves the right to ask potential candidates to consider a different office as the ballot is prepared.

Name (Please Print Clearly): _____

Date: _____

Address: _____

City/State/Zip: _____

Home Phone: (____) _____ Work Phone:(____) _____

E-Mail: _____

Please complete this Consent to Serve form **no later than July 15, 2010** and **fax** to Thomas Chappell, CNM at **803-774-4629** and email your Curriculum Vitae to Thomas at maddmac@ftc-i.net.