

Permission To Use Photograph

Date:

Printed Name:

I hereby give permission to use my photo and the following biographical information to promote National Certification of School Nurses (NCSN). Submit a digital photograph of at least 300 dpi/inch. The photograph should be formatted as a .jpg and should be no larger than 1MB in size.

_____ at the ASNA 2011 Spring conference April 9 and 10

_____ on the ASNA website: <http://www.alaskasna.org/>

_____ at future ASNA conferences

Signature:

Biographical Information

Year graduated with a Baccalaureate:

Advanced Degrees and years attained:

Number of years worked as a nurse (full time equivalent):

Number of years worked as a school nurse (full time equivalent):

Most recent schools worked (example: Orion Elem)	Type of students served (example: K-6)	Years worked there (example: 1999-present)
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Year first certified as NCSN:

Additional certifications and accomplishments (example: District Rep for ASNA 03-04):

What I like about school nursing is:

National Certification (NCSN) is important because: