**CALIFORNIA ASSOCIATION FOR NURSE PRACTITIONERS HOUSE OF DELEGATES 2013**

All chapters must submit an HOD Chapter Delegates/Alternate Delegate list to participate at the upcoming CANP HOD 2013.

Please provide complete information below for each of your delegates/alternate delegates. CANP HOD Committee requires the following information for each Delegate/Alternate Delegate:

* **Member Name**
* **Member Email**
* **Member Phone Number**
* **Check the box if Member is interested in serving on a Reference Committee (multiple boxes may be checked)**
* **Check box if they are the Delegate or Alternate Delegate**

Upon completion email this form to [erin@canpweb.org](mailto:erin@canpweb.org) . This form will be submitted to the HOD Committee and utilized to confirm your Chapter delegates/alternate delegate participation at the CANP HOD 2013 meeting.

**To meet the requirements listed in the HOD Bylaws, each Chapter must confirm the following to certify that:**

This is to certify that the following active member (s) of the California Association for Nurse Practitioners has/have been elected by our Chapter to serve as a DELEGATE /ALTERNATE DELEGATE for the CANP House of Delegates 2013.

We certify that our chapter has positively confirmed with the Chapter Secretary that the DELEGATES/ALTERNATE DELEGATES listed below are FULL, FIRST YEAR GRADUATE or SENIOR ACTIVE CANP MEMBERS.

We certify that each DELEGATE/ALTERNATE DELEGATE was given the notice of selection, HOD dates, HOD details and the HOD packet date.

We certify that by checking this box, we authorize/accept electronic signature of the Chapter President to comply with submission requirements.

CHAPTER NAME  DATE 

CHAPTER PRESIDENT NAME  PERSON COMPLETING FORM 

CHAPTER PRESIDENT EMAIL  PERSON COMPLETING EMAIL 

**Delegates/Alternate Delegates List**

|  |  |  |
| --- | --- | --- |
| 1. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference (specific title unknown)  Credentialing | Rules & Order |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 2. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 3. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 4. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 5. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 6. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 7. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 8. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 9. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

|  |  |  |
| --- | --- | --- |
| 10. NAME: |  | CANP # |
| E-Mail: |  | Phone # |
| Reference Committee Interest | Reference Committee (specific title unknown)  Credentialing Committee | Rules & Order Committee |
| Delegate or Alternate | DELEGATE | ALTERNATE DELEGATE |

**FOR USE BY CANP AFFILIATED STATE CHAPTERS**

Please Forward This Copy to Your DELEGATE/ALTERNATE DELEGATE

To: 

Congratulations!

You have been elected to serve as a 2013 DELEGATE to the CANP House of Delegates for our chapter. Your name has been forwarded to CANP headquarters. After verification of your ACTIVE membership in CANP, a DELEGATE mailing will be sent to you post January 1, 2013. In the event you cannot serve your Chapter in this capacity, please advise the undersigned immediately.

Thank you,

Chapter President



Chapter



Chapter President

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Chapter President Contact/Email



Today’s Date