

**ANAC CHAPTER NOMINATION FORM**

**Chapter name:**

**Chapter address:**

**City:** **State:** **Zip:**

 **Current chapter president name:**

**Number of active chapter members:**

**All questions contained on the form must be answered as completely as possible. Include examples of chapter initiatives, activities or programs that your chapter has been involved in. Be creative!**

1. How did your chapter provide leadership to the nursing community in matters related to HIV disease?

2. How did your chapter advocate in your community for persons with HIV disease?

3. How did your chapter show commitment to the prevention of further HIV disease within your community?

I hereby agree for this chapter to be considered as an applicant for the ANAC Chapter Recognition Award.

Signature of chapter president: Date:

Daytime Phone: Email: