

MI NURSES Association

BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Jennifer DelVero**

Member: LBU

Personal Email: jdelvero@yahoo.com

Cell Phone: (734) 231-4103

Home Phone:

Work Phone:

Education (post high school; basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded
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Credentials (RN, CNP, etc.): NP

Employer/Local Bargaining Unit: UMPNC Shift/Unit: Days/Evenings

Leadership title(s) and responsibilities: Chief Rep Advanced Practice

Relevant MNA experience:

Elected: Officers: President, Vice President, Secretary & Treasurer (*attach a viewpoint, 250 words maximum*)
Board of Directors
Committees: Impartial and Nominations

Appointed: Committees: Bylaws, CE Provider Unit, Diversity, Resolution, Retirement
Councils: Clinical Nursing Practice, Advocacy, and Education; Legislation and Public Policy; Workplace Health & Safety
MNA-Political Action Committee (MNA-PAC)

I am interested in being a candidate for the following office(s):

1) Chief Rep Advanced Practice 2) 3) 4)

CONSENT: If elected or appointed to office, as a member in good standing, I will serve MNA in the interest of professional nursing and abide by the MNA Bylaws, the MNA House of Delegates and Board policies and actions.

I have no potential conflict of interest

Signature:

Date: 11/13/2021

