



V.O.I.C.E.

VOLUNTEER YOUR OPINIONS, INTERESTS, CONCERNS AND EXPERTISE

Nursing holds the privilege of being a self-regulating profession under the guidelines of the NT Nursing Profession Act (2003) and the NU Nursing Act (1998). The RNANT/NU is the professional association of registered nurses and nurse practitioners within the Northwest Territories and Nunavut that upholds these guidelines for the protection of the public. Mandated by the Acts, the RNANT/NU is required to establish committees supported by volunteer members to guide the profession of nursing in our jurisdictions. Committee work may involve providing feedback on documents, assisting with registration or professional conduct decisions, or reviewing policy updates.

Committee positions are filled as vacancies arise. When there is a vacancy, the V.O.I.C.E. forms submitted by interested members are reviewed. The RNANT/NU makes every attempt to ensure committees represent our membership; therefore, the goal is for committees to have nurses with a variety of years of experience, from different practice settings, and from different regions. There are various committees in which members can become involved; each having a different focus and varying level of commitment. If you would like to be a part of the exciting work being done at the RNANT/NU, please indicate your preference:

VOLUNTEER OPPORTUNITIES:

1. RNANT/NU

Specify Interest:

- | | |
|--|--|
| <input type="checkbox"/> Board of Directors
<input type="checkbox"/> RNANT/NU Newsletter Committee
<input type="checkbox"/> Registration Committee
<input type="checkbox"/> NP Practice Committee | <input type="checkbox"/> Education Advisory Committee
<input type="checkbox"/> Professional Conduct Committee
<input type="checkbox"/> RN Practice Committee |
|--|--|

2. NCLEX – RN (See website for volunteer requirements)

Specify Interest:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Item Writer | <input type="checkbox"/> Item Reviewer |
|--------------------------------------|--|

Name: _____ Registration #: _____

Phone Number: () _____ Email: _____

Area(s) of nursing experience:

Area(s) of interest in nursing:
