

Consent To Serve Form

Deadline--July 31, 2016



Nominee For The Office Of:

Secretary

Nominee Information

Full Name with Credentials

Judith E. McDowell NP-C

Phone Number

3,077,521,584

E-mail

judypcr@live.com

Address

1005 Victoria Street

City

Sheridan

Zip

82,801

Current Employer

Sheridan Memorial Hospital

Position Description and Area of Practice

Nurse practitioner, Adult Internal Medicine

Educational Preparation (school, location, degree, year)

University of Wyoming: Master's Nursing Education 2003, Post Master's Certificate Family Nurse Practitioner 2011
Excelsior College, Albany New York: BSN 1997
Lankenau Hospital School of Nursing: Diploma Nursing 1978
The Pennsylvania State University, State College, PA.: Bachelor of Science

Experience Relevant to Office

Present WCAPN Association Activities or Other Professional Organizations

Current WCAPN member since 2011; WNA member: current and since 1999; American Endocrinology Association; American Diabetic Educator Association; AANP member

Educator: Sheridan College Nursing Program 1998-2016 (Faculty, Director 2005-2010)

Elected/Appointed Offices or Community Activities Relevant to this Position

Currently Member At-Large for WCAPN Board of Directors

Statement

Indicate your view on issues facing WCAPN. (max 100 words)

Nursing is in an excellent position to positively effect health care in Wyoming and Nurse practitioners can be at the forefront of this effort. I believe that this profession will make a difference in affordability and access to great healthcare for the citizens of Wyoming. The nursing model approach to patient care is an important factor in the patient/provider team effort. NPs can help patients own their health and help patients to make good health care choices. I am proud to be a part of this process.

I have read the WCAPN Bylaws for the eligibility and duties of this office and if elected, I will serve WCAPN in the interest of professional and abide by the WCAPN Bylaws.

Signature (required)

Date

Judith E. McDowell NP-C

07/25/2016

***Send completed form along with a headshot of yourself (jpeg)
via e-mail to tobi@wcapn.org
Photo and form need to be sent by July 31, 2016***