

MI NURSES Association

BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Aaron McCormick**

Member: LBU

Personal Email: mccormickaaron@aol.com

Cell Phone: (313) 384-3047

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
Associate	Wayne County CC, Detroit MI	Applied science	2014
Diploma	Lutheran School of Nursing	Nursing	2015

Credentials (RN, CNP, etc.): RN

Employer/Local Bargaining Unit: **Michigan Medicine/ UMPNC** Shift/Unit: **Day**
Leadership title(s) and responsibilities: **Current District Representative**

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) **Cheif Rep UH** 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: 11/11/2021

