

# MI NURSES Association

## BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Kathy Wesley**

Member: LBU

Personal Email: [kjrswes@gmail.com](mailto:kjrswes@gmail.com)

Cell Phone:

Home Phone: (734) 424-9620

Work Phone: (734) 763-2401

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

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded
BSN	University of Michigan Flint	Registered RN	2008
ADN	Muskegon Community College	Liberal Arts and Science	1991
Paramedic	Davenport College-Grand Rapids MI	Paramedic	1984

Credentials (RN, CNP, etc.): BSN, AEMT, CCRN, TNCC, ENPC

Employer/Local Bargaining Unit: UMPNC

Shift/Unit: 7p-7a

Leadership title(s) and responsibilities: Charge RN, CRRT initiator, preceptor, RRT,

Relevant MNA experience:

District and Area Rep for P/P/P, House of Delegates X2

**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) Area Rep for P/P/P

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: 10/12/2021

