

# MI NURSES Association

## BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Kim Leavens**

Member: LBU

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Cell Phone: (313) 999-6215

Home Phone: (313) 999-6215

Work Phone: (731) 845-7352

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

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded
ADN	HFCC	Nursing	1994

Credentials (RN, CNP, etc.): RN

Employer/Local Bargaining Unit: UMPNC

Shift/Unit: Home care services MVN

Leadership title(s) and responsibilities: Chair WRC, Triage Nurse, district representative umpnc x17 years

Relevant MNA experience:

District representative x 17 years

**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) District representative MVN - home care services

2) Chief representative ambulatory care - off site 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 NA

Signature:

Date: 11/12/2021

