**Nomination Form for 2017 Ballots for NCTE Offices**

Copy this form for as many nominations as you wish to make, and circulate copies of it with the call for nominations to your colleagues. All nominations will be treated as confidential.

**Nomination for the office of** (check one):

|  |  |
| --- | --- |
|  | **Vice President (member of the College Section)** |
|  | **Elementary Level Representative-at-Large (voting member of the Elementary Level Section)** |
|  | **Middle Level Representative-at-Large (voting member of the Middle Level Section)** |
|  | **Trustee of the Research Foundation (member of NCTE)** |
|  | **Member of the NCTE Nominating Committee (see below)** |

**2017–18 NCTE** **Nominating Committee Regions / Section Requirements** (Three candidates for the 2017–18 Nominating Committee will be on the ballot for each of the groups below.)

**Group A:** Canada, Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont (voting member of the **Secondary Section**)

**Group B:** Alaska, Arizona, California, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Texas, Utah, Washington (voting member of the **College Section**)

**Group C:** Indiana, Michigan, Ohio, Pennsylvania, West Virginia, (voting member of the **Middle Section**)

**Group D:** Colorado, Illinois, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming (voting member of the **Elementary Section**)

**Group E:** Alabama, Arkansas, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Oklahoma, Puerto Rico, South Carolina, Tennessee, Virgin Islands, Virginia (voting member of the **Middle Section**)

**Please provide** the following information to ensure that all potential candidates are evaluated on the same criteria:

|  |  |
| --- | --- |
| **Name of Nominee** |  |
| **Institutional Affiliation** |  |
| **City/State** |  |
| **Phone** | Office:  Home:  Cell: |
| **E-mail** |  |
| **Main Level of Current Professional Work**  **Elementary, Middle, Secondary,**  **Two-Year College, or College** |  |
| **Year Nominee Entered Profession** |  |
| **Race/Ethnicity** |  |
| **Nominee’s Service to NCTE** |  |
| **Content/Topical Interest of Nominee** |  |
| **Comments in support of nomination**  **(please send resume, if available)** |  |
| **(Optional) Nominated By** |  |
| **Nominator Phone** |  |
| **Nominator Email** |  |

Return this form with nominations for any of the above offices

(with resumes) **by November 1, 2016,** to the NCTE Elections Office:

1111 W. Kenyon Road, Urbana, IL 61801 Fax: 217-278-3761 E-mail: nominations@ncte.org