

# Consent To Serve Form

Deadline--July 31, 2016



## Nominee For The Office Of:

Secretary

## Nominee Information

Full Name with Credentials

Colby Butler FNP-C

Phone Number

3,077,520,756

E-mail

cbutlernp@hotmail.com

Address

2210 King Blvd

City

Casper

Zip

82,601

Current Employer

Wyoming Otolaryngology

Position Description and Area of Practice

Nurse Practitioner-private office

Educational Preparation (school, location, degree, year)

University of Wyoming, Laramie, Wyoming, Bachelor's of Science in Nursing, 2007  
University of Wyoming, Laramie, Wyoming, Master's of Science in Nursing, 2012 (FNP track)

## Experience Relevant to Office

Present WCAPN Association Activities or Other Professional Organizations

Communications chair-primarily helping executive director with social media representation of WCAPN at present time. In attendance for 2016 planning board meeting.

Member of WCAPN since 2015

Member of AANP since 2012

Member of Wyoming Association of Otolaryngology



Elected/Appointed Offices or Community Activities Relevant to this Position

N/A

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## Statement

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

We all know Wyoming is unique in many ways, one of them being how rural and isolated most communities in our state are, as well as our low population. I think the biggest issue facing WCAPN is reaching these 600+ advanced practice nurses in the States of Wyoming to appeal to them enough to gain their membership. Together with the rest of the board, I would like to continue to focus on bringing together our fellow colleagues not only to grow our membership, but to create a network and a community of outreach and support for each other.

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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

Colby Butler FNP-C

07/31/2016

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