

# Consent To Serve Form

Deadline--July 31, 2016



## Nominee For The Office Of:

President Elect

## Nominee Information

Full Name with Credentials

Colleen M. Butler, DNP, APRN, FNP-BC

Phone Number

3,077,529,696

E-mail

cmbutlerfnp@gmail.com

Address

1797 Edwards Drive

City

Sheridan

Zip

82,801

Current Employer

Sheridan VA Health Care System

Position Description and Area of Practice

Ambulatory Care Primary Care Provider

Educational Preparation (school, location, degree, year)

ADN Sheridan College, Sheridan WY 1991  
BSN University of Wyoming, Laramie WY 1993  
MSN University of Northern Colorado, Greeley CO 2000  
DNP University of Northern Colorado, Greeley CO 2015

## Experience Relevant to Office

Present WCAPN Association Activities or Other Professional Organizations

Member Sigma Theta Tau Nursing Honorary, inducted 1993  
Member AANP since 2013

Elected/Appointed Offices or Community Activities Relevant to this Position

Chair APRN Council, Sheridan VA Health Care System; APRN Liaison to the VA Office of Nursing Service APRN Field Advisory Committee for Veterans Service Network 19 (Rocky Mountain Region); Member of the Veterans Service Network 19 Health Care Delivery Committee

**Statement**

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

One of the largest challenges for APRNs in the State of Wyoming is the relative rurality of the state. Being in a highly rural state where some areas are considered frontier, APRNs have a difficult time forming supportive and active peer networks. I believe one of the challenges facing WCAPN is to bring APRNs across the state together, in an effort to create a cohesive body that can influence policy and provide ongoing support and education for each APRN in Wyoming. The WCAPN should focus on embracing new technology to increase communication among members, supporting new APRNs, and recruiting new membership in an effort to form a strong diverse body.

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

[Signature line]

07/26/2016

**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**