



Operating Room Nurses  
 Association of Canada  
 Association des infirmières et infirmiers  
 de salles d'opération du Canada

## 502d - NOMINATION FORM: Director

(To be completed by Nominator and Seconder)

**PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL  
 ORIGINALS (with signatures) MUST BE FORWARDED BY MAIL**

**TO:** Chair of Nominations Committee  
**Operating Room Nurses Association of Canada**  
 P.O. Box 307, Bath ON K0H 1G0

**Email:** nominations@ornac.ca

**DEADLINE FOR SUBMISSION OF NOMINATIONS to PC Presidents:** January 10, 2021-Midnight  
 No late entries will be considered

Position:  British Columbia  Saskatchewan  Ontario  Quebec  Nova Scotia

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL  
 CODE : \_\_\_\_\_

TELEPHONE (H) : \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

E-MAIL: (H): \_\_\_\_\_ (W): \_\_\_\_\_

EMPLOYER : \_\_\_\_\_

POSITION OF EMPLOYMENT : \_\_\_\_\_

YEARS IN CURRENT POSITION : \_\_\_\_\_

NOMINATED BY: \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

SECONDED BY: \_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print Name

Date Revised: April 4, 2020



Operating Room Nurses  
Association of Canada

Association des infirmières et infirmiers  
de salles d'opération du Canada

## 502e - NOMINATION INFORMATION

(To be completed by Nominee)

**PLEASE FORWARD THE COMPLETED FORM BY E-MAIL  
ORIGINALS MUST BE FORWARDED BY MAIL**

**TO:** Chair of Nominations Committee  
**Operating Room Nurses Association of Canada**  
P.O. Box 307, Bath ON K0H 1G0

**Email:** nominations@ornac.ca

**DEADLINE FOR SUBMISSION OF NOMINATIONS:** January 10, 2021-midnight  
No late entries will be considered

NOMINATED POSITION: \_\_\_\_\_

NAME: \_\_\_\_\_

CERTIFICATION IN PERIOPERATIVE NURSING: YES  NO

NUMBER OF YEARS EMPLOYED IN PERIOPERATIVE NURSING: \_\_\_\_\_

### OBJECTIVES FOR ORNAC:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### ELECTION STATEMENT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DOCUMENTS FOR SUBMISSION:

- 1) PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME
- 2) PLEASE SUBMIT TWO REFERENCE LETTERS



Operating Room Nurses  
Association of Canada

Association des infirmières et infirmiers  
de salles d'opération du Canada

## 502f - WILLINGNESS TO SERVE ON THE ORNAC BOARD

I, \_\_\_\_\_ (Print) hereby state that I am willing to serve on the ORNAC Board in the position of \_\_\_\_\_ (Print) for the term of office required by the Bylaws.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

### FOR NOMINATIONS COMMITTEE USE ONLY

Received by Chair of Nominations Committee: \_\_\_\_\_  
Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Eligibility for Nomination Checked and Complete: Yes  No

Copy of Nominee's CV has been received: Yes  No

Two reference letters on Nominee received: Yes  No

Nomination Received by Advertised Closing Date: Yes  No

All Required Details of Nominator Correct: Yes  No

All Required Details of Seconder Correct: Yes  No

Acknowledgement of Receipt of Info to Nominator: Yes  No

Acknowledgement of Receipt of Info to Nominee: Yes  No

Nomination, CV, and Willingness to Serve Forms forwarded to ORNAC Executive and Board on: \_\_\_\_\_ (Date)

Remarks:

---

---

---

Date Revised: April 4, 2020