



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

Chair of Nominations Committee ORNAC
4 Cataragui Street, Suite 310
Kingston, Ontario K7K 1Z7

905a - NOMINATION FORM: Provincial Board of Directors

(To be completed by Nominator and Seconder)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL

TO: Your Provincial President

Province	President	President's Email
Alberta	Randi Galenzoski	president@ornaa.org
Manitoba	Dawn Affleck	president@morna.ca
New Brunswick	Linda Cormier	lindacormier60@msn.com
Quebec	Catherine Dufour	utopiecat@gmail.com

DEADLINE FOR SUBMISSION OF NOMINATIONS: February 1, 2020 at 2400 hrs

NOTE: Late submissions will not be considered.

PROVINCE AB MB NB QC

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____ POSTAL CODE _____

TELEPHONE (H) _____ TELEPHONE (W) _____ FACSIMILE _____

E-MAIL (H) _____

E-MAIL (W) _____

EMPLOYER _____

POSITION OF EMPLOYMENT _____

YEARS IN CURRENT POSITION _____

NOMINATED BY: _____
Signature Print Name

SECONDED BY: _____
Signature Print Name

NOTE FOR OFFICER POSITIONS: Nominator and Seconder must be a current ORNAC Executive/Board Member.



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905b - NOMINATION INFORMATION

(To be completed by Nominee)

PLEASE FORWARD THE COMPLETED FORM BY E-MAIL

TO: Your Provincial President

Province	President	President's Email
Alberta	Randi Galenzoski	president@ornaa.org
Manitoba	Dawn Affleck	president@morna.ca
New Brunswick	Linda Cormier	lindacormier60@msn.com
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PROVINCE AB MB NB QC

NOMINEE 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



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905c - WILLINGNESS TO SERVE ON THE ORNAC BOARD

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

PROVINCE AB MB NB QC

NAME _____

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 (enter date): _____

Date Issued _____

REMARKS

