

502d - NOMINATION FORM: Director

(To be completed by Nominator and Seconder)

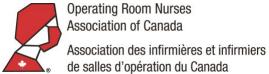
DIRECTORS: PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL TO YOUR PROVINCIAL COUNCIL PRESIDENT

DEADLINE FOR SUBMISSION OF NOMINATIONS FOR DIRECTORS to PC Presidents: January 10, 2022-Midnight No late entries will be considered

Position: • Nova Scotia • Prince Edward Island • Newfoundland & Labrador • New Brunswick

Quebec • Ontario • Manitoba • Saskatchewan • Alberta • British Columbia

NAME:	ORNAC Membership #				
ADDRESS:					
				PUSTAL	
TELEPHONE (H) :		(W):		(C):	
E-MAIL: (H):			(W):		
EMPLOYER: POSITION EMPLOYMENT: YEARS IN POSITION:	CURRENT				
NOMINATED BY: _	Signature			Print Name	
SECONDED BY:	Signature			Print Name	



502e - NOMINATION INFORMATION

(To be completed by Nominee)

NOMINATED POSITION: _____

NAME: ______

CERTIFICATION IN PERIOPERATIVE NURSING: YES $\hfill \square$ NO $\hfill \square$

NUMBER OF YEARS EMPLOYED IN PERIOPERATIVE NURSING:

OBJECTIVES FOR ORNAC:

 1.

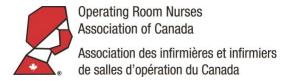
 2.

 3.

 ELECTION STATEMENT:

DOCUMENTS FOR SUBMISSION:

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



502f - WILLINGNESS TO SERVE ON THE ORNAC BOARD

l,	(name) hereby state that I am				
willing to serve on the ORNAC Board in the position of director for					
(province)	for the term of office required by				
the Bylaws.					

SIGNATURE:			 			
DATE:						

FOR NOMINATIONS COMMITTEE USE ONLY

Received by Chair of Nominations Committee:

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 Nominee:	Yes 🗆	No 🗆

Nomination, CV, and Willingness to Serve Forms reviewed by the nominations committee on_____(date).

Remarks: