





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

Chair of Nominations Committee ORNA  
 4 Cataraqi Street, Suite 310  
 Kingston, Ontario K7K 1Z7

**905b - NOMINATION INFORMATION Officers**  
**President, President-Elect & Secretary**  
 (To be completed by Nominee)

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

**TO:** [nominations@ornac.ca](mailto:nominations@ornac.ca)

**DEADLINE FOR SUBMISSION OF NOMINATIONS:** February 1, 2019 at 2400 hrs  
**NOTE: Late submissions will not be considered.**

POSITION:  President  President-Elect  Secretary

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.

POSITION:  President  President-Elect  Secretary \_\_\_\_\_  
 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

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