



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
ORIGINAL FORMS (with signatures) MUST BE FORWARDED BY MAIL**

TO: Your Provincial President

Province	President	President's Email
British Columbia	Kim Frost	kfrost725@gmail.com
Newfoundland & Labrador	Cheryl Melindy	cmelindy@hotmail.com
Nova Scotia	Cynthia Fulmore	ORNANSPresident@gmail.com
Ontario	Linda Whyte	Linda.whyte@gmail.com
Prince Edward Island (1-year term 2019-2020)	ORNAC	nominations@ornac.ca
Quebec	Kathia Desbiens	kathiadesbiens@gmail.com
Saskatchewan	Bhavna Pooni	bhavnapooni@icloud.com

DEADLINE FOR SUBMISSION OF NOMINATIONS: February 1, 2019 at 2400 hrs

NOTE: Late submissions will not be considered.

PROVINCE BC NL NS ON PE QC SK

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
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TO: Your Provincial President

Province	President	President's Email
British Columbia	Kim Frost	kfrost725@gmail.com
Newfoundland & Labrador	Cheryl Melindy	cmelindy@hotmail.com
Nova Scotia	Cynthia Fulmore	ORNANSPresident@gmail.com
Ontario	Linda Whyte	Linda.whyte@gmail.com
Prince Edward Island (1-year term 2019-2020)	ORNAC	nominations@ornac.ca
Quebec	Kathia Desbiens	kathiadesbiens@gmail.com
Saskatchewan	Bhavna Pooni	bhavnapooni@icloud.com

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PROVINCE BC NL NS ON PE QC SK

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

