

Council Nomination Requirements for Part I and II (Nominee)

Note: This is not a nomination form

As the nominee, you will be asked to provide the following information on the Council Nomination Form (Part I and II). Fields marked with * are mandatory.

Part I: Nomination

- Council Position (select from options)*
- Name *
- Maiden Name (if applicable)
- ARNNL Registration Number*

Contact Information

- Apt/Street*
- City/Town*
- Province (defaults to NL)*
- Postal Code*
- Phone (w)*
- Phone (h)*
- E-mail*

Present Position

- Employer*
- Position*
- Area of Practice*
- Length of time in current position (dates)*

Nominator

- Name*
- E-mail*

Declaration – Part I

- I am a current practicing member of CRNNL in good standing.*
- I consent to run for the position I have selected above.*

If elected I agree to:*

- serve a three-year term from 2020-2023.*
- abide by CRNNL Conflict of Interest and Code of Conduct policies.*
- maintain a practicing license throughout the term of the position on Council.
- By checking this box and typing my name below, I confirm that the information provided in Part I is true and accurate.*
- Full Name*
- Date*

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Part II – Biographical Information

Nursing Education

- School of Nursing*
- Graduation Year*

Professional Development/Continuing Education

- identify any nursing courses/degrees/certifications completed since graduation and the year completed. Please spell out any acronyms.

Professional Activities

- list any provincial or national nursing or health committees, boards, working groups and chapters or special interest groups in which you have participated. Provide dates and identify your position if applicable (e.g., member, chair, president, etc.).

Personal Statement

- provide a *brief* statement of why you wish to run for Council (**maximum 200 words**).*

Declaration – Part II

- By checking this box and typing my name below, I confirm that the information provided in Part II is true and accurate.*
- Full Name*
- Date*

A confirmation email will be sent to the e-mail address you provide when this form is submitted. In order for your nomination to be considered complete, the following must also be received by the nomination deadline:

- an electronic copy (e.g., .jpg, .png) of a passport sized photograph appropriate for use in election communication materials (e.g., CRNNL website, e-mails, Twitter, etc.). Photographs are to be e-mailed to cfitzgerald@crnnl.ca
- Part III must be submitted by the CRNNL member who is nominating you for the position.