

## CNPS BOARD OF DIRECTORS NOMINATION FORM (LICENSED PRACTICAL NURSE)

*Please ensure that you sign the second page of this form before submitting.*

**Nominee Information:**

Name of Nominee: \_\_\_\_\_ (the "Nominee")

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ CNPS Beneficiary No. \_\_\_\_\_

Email Address: \_\_\_\_\_

**Nominee Endorsed By:**

Name: \_\_\_\_\_ CNPS Beneficiary No. \_\_\_\_\_

Name: \_\_\_\_\_ CNPS Beneficiary No. \_\_\_\_\_

Name: \_\_\_\_\_ CNPS Beneficiary No. \_\_\_\_\_

*\*Ensure that your contact information is accurate. If the Nominating Committee requests information and does not receive a response within five (5) business days, consideration of that nominee may be forfeited.*

**Nominee Relevant Qualifications and Experience (please attach CV)**

*(Please describe below the how your qualifications and experience have prepared you and will serve you in fulfilling the responsibilities of Board member. Please continue onto page two of this application if required. You can also attach a separate document if you prefer.)*

**Nominee Relevant Qualifications and Experience (continued)**

*I, the Nominee, agree to:*

- a) stand for nomination to the CNPS Board of Directors;*
- b) provide such information as may be requested by the Nominating Committee of the CNPS in connection with this nomination; and*
- c) serve as a director, if elected.*

*I understand that if I am elected to the CNPS Board of Directors, I must remain a duly registered nurse and CNPS Beneficiary for the duration of my term as Director. I also understand that my status as director may be contingent upon having the requisite threshold number of Licensed Practical Nurse beneficiaries.*

\_\_\_\_\_  
Nominee Printed Name

\_\_\_\_\_  
Nominee Signature

\_\_\_\_\_  
Date