



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

502a - NOMINATION FORM: Officer

(To be completed by Nominator and Secunder)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL

Email: nominations@ornac.ca

DEADLINE FOR SUBMISSION OF NOMINATIONS: October 15th, 2021-Midnight

No late entries will be considered

Position: • Treasurer • Secretary • President-Elect

NAME: _____ **ORNAC Membership #** _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE : _____

TELEPHONE (H) : _____ (W): _____ (C): _____

E-MAIL: (H): _____ (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 Secunder must be a current ORNAC Executive/Board Member.



Operating Room Nurses
Association of Canada

Association des infirmières et infirmiers
de salles d'opération du Canada

502b - NOMINATION INFORMATION: Officer

(To be completed by Nominee)

PLEASE FORWARD THE COMPLETED FORM BY E-MAIL

Email: nominations@ornac.ca

DEADLINE FOR SUBMISSION OF NOMINATIONS: October 15th, 2021-midnight

No late entries will be considered

NOMINATED POSITION: _____

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



Operating Room Nurses
Association of Canada

Association des infirmières et infirmiers
de salles d'opération du Canada

502c - WILLINGNESS TO SERVE ON THE ORNAC BOARD

I, _____ (name) hereby state that I am willing to serve on the ORNAC Board in the position of _____ (Treasurer, Secretary practice, or President-Elect) 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 Secunder 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 reviewed by the nominations committee on: _____ (Date).

Remarks:
