



Operating Room Nurses  
Association of Canada

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

## 502d - NOMINATION FORM: Director

(To be completed by Nominator and Seconder)

**DIRECTORS: PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL TO YOUR PROVINCIAL COUNCIL PRESIDENT**

**DEADLINE FOR SUBMISSION OF NOMINATIONS FOR DIRECTORS to PC Presidents:**

January 10, 2022-Midnight

No late entries will be considered

**Position:** • Nova Scotia • Prince Edward Island • Newfoundland & Labrador • New Brunswick  
• Quebec • Ontario • Manitoba • Saskatchewan • Alberta • British Columbia

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 \_\_\_\_\_



Operating Room Nurses  
Association of Canada

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

## 502e - NOMINATION INFORMATION

(To be completed by Nominee)

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

## 502f - 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 director for (province) \_\_\_\_\_ for the term of office required by the Bylaws.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>FOR NOMINATIONS COMMITTEE USE ONLY</b>
-------------------------------------------

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 Seconder Correct: 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:

\_\_\_\_\_  
\_\_\_\_\_