



Operating Room Nurses  
Association of Canada

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

## 905a - NOMINATION FORM: Officers

(To be completed by Nominator and Secunder)

**PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL  
ORIGINAL FORMS (with signatures) MUST BE FORWARDED BY MAIL**

### TO:

Chair of Nominations Committee  
ORNAC  
4 Cataraqui Street, Suite 310  
Kingston, Ontario K7K 1Z7

**Email:** nominations@ornac.ca

### DEADLINE FOR SUBMISSION OF NOMINATIONS:

**February 3, 2017 at 2400 hrs**

**NOTE: Late submissions will not be considered.**

POSITION: ☐ Advanced Practice Seat ☐ Education Seat ☐ President Elect ☐ Secretary

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 Secunder 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  
ORIGINALS MUST BE FORWARDED BY MAIL**

### TO:

Chair of Nominations Committee  
ORNAC  
4 Cataraqui Street, suite 310  
Kingston, Ontario K7K 1Z7

**Email:** nominations@ornac.ca

### DEADLINE FOR SUBMISSION OF NOMINATIONS:

**February 3, 2017 at 2400 hrs**

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NOMINATED POSITION \_\_\_\_\_

NOMINEE NAME \_\_\_\_\_

CERTIFICATION IN PERIOPERATIVE NURSING

☐ Yes

☐ No

NUMBER OF YEARS EMPLOYED IN PERIOPERATIVE NURSING \_\_\_\_\_

### OBJECTIVES FOR ORNAC

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

### ELECTION STATEMENT

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### DOCUMENTS FOR SUBMISSION

- 1) PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME
- 2) PLEASE SUBMIT TWO REFERENCE LETTERS



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## 905c - WILLINGNESS TO SERVE ON THE ORNAC BOARD

I, \_\_\_\_\_ (Print) hereby state that I am willing to serve on the ORNAC  
Executive in the position of \_\_\_\_\_ (Print) for the term of office  
required by the Bylaws.

POSITION \_\_\_\_\_  
NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

### FOR NOMINATIONS COMMITTEE USE ONLY

Received by Chair of Nominations Committee \_\_\_\_\_ (Print 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 Nominator: ☐ Yes ☐ No

Acknowledgement of Receipt of Info to Nominee: ☐ Yes ☐ No

Nomination, CV, and Willingness to Serve Forms forwarded to  
ORNAC Executive and Board on (enter date): \_\_\_\_\_

Date Issued \_\_\_\_\_

### REMARKS

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