



Operating Room Nurses
Association of Canada

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

905a - NOMINATION FORM: Provincial Council Representative

(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:

Email:

DEADLINE FOR SUBMISSION OF NOMINATIONS:

February 15, 2017 at 2400 hrs

NOTE: Late submissions will not be considered.

POSITION:	Provincial Director Position	<input type="checkbox"/> BC	<input type="checkbox"/> SK	<input type="checkbox"/> ON	<input type="checkbox"/> QC	<input type="checkbox"/> NS	<input type="checkbox"/> NL
NAME	<hr/>						
ADDRESS	<hr/>						
CITY	<hr/>	PROVINCE	<hr/>	POSTAL CODE	<hr/>		
TELEPHONE (H)	<hr/>	TELEPHONE (W)	<hr/>	FACSIMILE	<hr/>		
E-MAIL (H)	<hr/>						
E-MAIL (W)	<hr/>						
EMPLOYER	<hr/>						
POSITION OF EMPLOYMENT	<hr/>						
YEARS IN CURRENT POSITION	<hr/>						

NOMINATED BY:	<hr/>	<hr/>
	Signature	Print Name

SECONDED BY:	<hr/>	<hr/>
	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:

Email:

DEADLINE FOR SUBMISSION OF NOMINATIONS:

February 15, 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

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 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 forwarded to
ORNAC Executive and Board on (enter date): _____

Date Issued _____

REMARKS
