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|  | Board of Directors Election  **2020 Nomination Form** |

The nomination form must be accompanied by:

* A statement of eligibility (maximum 500 words, in Word format) from the Nominee indicating how his/her experience fits with the skills and strategic areas being sought by the Nominating Committee; and
* The contact information of the two (2) nominators.

In addition to the above, candidates have the option to include any or all of the following at their discretion:

* Photo (head and shoulders)
* Link to a video message
* Link (one) to an online profile (e.g., LinkedIn)

Each Nominee and Nominator must be a CPHA member in good standing.

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| |  | | --- | | **Nominee** | | | | | | | | | | | | |
| Name of Nominee | |  | | | | | Membership ID Number | |  | |
| Address | |  | | | | | | | | |
|  | |  | | | | | | | | |
| City | |  | | Province | |  | | Postal Code | |  |
| Telephone (daytime) | |  | E-mail | |  | | | | | |
|  | I hereby acknowledge and give my consent as a Nominee for the CPHA Board of Directors 2020 Elections | | | | | | | | | |

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| |  | | --- | | **Nominator #1** | | | | | | | | | | | |
| Name of Nominator |  | | | | | Membership ID Number | |  | |
| Address |  | | | | | | | | |
|  | | | | | | | | |
| City |  | | Province | |  | | Postal Code | |  |
| Telephone (daytime) |  | E-mail | |  | | | | | |

CPHA will contact each Nominator to confirm their support of your nomination

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| |  | | --- | | **Nominator #2** | | | | | | | | | | | |
| Name of Nominator |  | | | | | Membership ID Number | |  | |
| Address |  | | | | | | | | |
|  | | | | | | | | |
| City |  | | Province | |  | | Postal Code | |  |
| Telephone (daytime) |  | E-mail | |  | | | | | |

CPHA will contact each Nominator to confirm their support of your nomination

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|  | | **Nominee’s Statement** |
|  | | |
| Name of Nominee |  | |
|  | | |
| **Please provide a brief statement (maximum 500 words, in MS WORD format).** | | |
| Candidates are invited to consider the following suggestions in drafting their statement:   * Write in the first person (i.e., I did this, I support that) * Consider including information in the following categories:   + Background including education   + Relevant work experience   + Why you are standing for election and what you hope to achieve as a Director * Clearly identify your qualifications as related to the strategic areas being sought * This statement is your introduction to members who do not know you, so endeavour to represent your personality and interests accurately | | |
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| Optional link to video message: |  |
| Optional link to online profile: |  |
| If you choose to include your photograph with your statement, please include it as an attachment when submitting your nomination form. | |

All nominations must be received by the office of the Executive Director no later than 17:00 (ET) 3 September 2020. Addressed to:

Nominating Committee

Canadian Public Health Association

404-1525 Carling Avenue, Ottawa, ON K1Z 8R9

E-mail: [nominations@cpha.ca](mailto:nominations@cpha.ca)

You will receive an e-mail confirmation of receipt of your nomination.

**NOMINATIONS RECEIVED AFTER 17:00 (ET) 3 SEPTEMBER 2020**

**WILL NOT BE CONSIDERED.**