|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Canadian Public Health Association  **2017 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. | | | | | | | | | |
| **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 2017 Elections | | | | | | | | |
|  |  | | | | | | | | |
| **Nominator #1** |  | | | | | | | | |
| Name of Nominator #1 |  | | | | Membership ID Number | | | |  |
| Address |  | | | | | | | | |
|  |  | | | | | | | | |
| City |  | Province | | | |  | Postal Code |  | |
| Telephone (daytime) |  | E-mail | |  | | | | | |
|  | CPHA will contact each Nominator to confirm their support of your nomination | | | | | | | | |
|  |  | | | | | | | | |
| **Nominator #2** |  | | | | | | | | |
| Name of Nominator #2 |  | | | | Membership ID Number | | | |  |
| Address |  | | | | | | | | |
|  |  | | | | | | | | |
| City |  | Province | | | |  | Postal Code |  | |
| Telephone (daytime) |  | E-mail | |  | | | | | |
|  | CPHA will contact each Nominator to confirm their support of your nomination | | | | | | | | |
|  | | | Canadian Public Health Association  **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   + Skills and interest related to the strategic areas being sought   + Why you are standing for election and what you hope to achieve as a Director * This statement is your introduction to members who do not know you, so endeavour to represent your personality and interests accurately | | | | | | | | | |
|  | | | | | | | | | |
| 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) September 7, 2017. 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) Fax: 613-725-9826

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

**NOMINATIONS RECEIVED AFTER 17:00 (ET) SEPTEMBER 7, 2017**

**WILL NOT BE CONSIDERED.**