



Council Member Candidate Nomination Form

PLEASE NOTE: All information provided on this form will be circulated with the voting papers to all members of your district and may be posted on the College website www.cpso.on.ca. If you wish to submit a photograph, please email a digital file to jnweroski@cpso.on.ca or mail a photo to be scanned and returned to you.

Your statement should briefly explain why you are running for election. The information contained in your statement **must be consistent with the fact that Council members must act in the public interest**. Statements that are either over 200 words or contain inappropriate statements will be returned for revision.

(Please Print or Type)

NAME: _____

TELEPHONE NUMBER: _____

(where members can contact you if they wish)

MEDICAL DEGREES: _____

PLACE OF GRADUATION IN MEDICINE: _____

PRINCIPAL AREA OF PRACTICE OR SPECIALTY: _____

(e.g., family medicine, obstetrics and gynaecology, etc.)

ADDRESS/LOCATION OF PRACTICE OR OFFICE: _____

CURRENT HOSPITAL APPOINTMENTS: _____



Please attach your brief printed or typed statement to this sheet (200 word limit)

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Candidate Consent – Type or print only

I consent to allow my name to stand for election for Council Member in District # _____

Name: _____ CPSO Number: _____

Signature: _____

Home Tel.: _____ Business Tel.: _____

Street Address: _____

City/Province/Postal Code: _____

DEADLINE FOR COMPLETED FORMS

Original forms must be received by the College **before 4:00 p.m. Tuesday, August 30, 2011.**

MAIL THE COMPLETED ORIGINAL FORM TO:

CPSO Council Nomination – Att: Jill Weroski
College of Physicians and Surgeons of Ontario
80 College Street
Toronto ON M5G 2E2

Faxes will be accepted on an interim basis until the original is received. Fax to Jill Weroski at (416) 967-2666.

Please note: To stand for election, you must be nominated by 15 members of the College who are in good standing. We recommend that you provide 18 nominators in the event that a nominator is not in good standing.

NOMINATION

We the undersigned members in good standing with the College of Physicians and Surgeons of Ontario, nominate the above-named candidate for election.

	Print Name	Signature	CPSO No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____