



Candidate Consent and Nomination FORM

Candidate Consent

I consent to allow my name to stand for election as a **Committee Member** from the Northeastern Voting District.

Registration No.: _____

Name: _____

Signature: _____

Home Tel.: _____

Business Tel.: _____ Ext. _____

E-mail: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Nomination

We, the undersigned members in good standing with the College of Nurses of Ontario, nominate _____ as a candidate for election.

1

Nominator's Name: _____

2

Nominator's Name: _____

Registration No.: _____

Registration No.: _____

Signature: _____

Signature: _____

Nominators

- must be currently registered and not be in default of payment of any College fees
- must be RPNs
- must work in the voting district or, if not working in nursing, must reside in the voting district

The College is a wheelchair accessible facility and will make accommodations for candidates with special needs.

Candidate

- must have two nominators
- must be registered in good standing and meet the other eligibility criteria (see www.cno.org/council)



COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.
101 Davenport Rd.
Toronto, ON
M5R 3P1

Deadline

Forms must be received before midnight on March 7, 2008.
Fax to 416 928-5916, e-mail to elect@cnomail.org or mail to Jenna Hofbauer at the College.