CNO election 2027

Candidate consent and nomination form

Candidate consent

I consent to my nomination as a candidate for election to Council. I attest that I am registered and meet the eligibility criteria at www.cno.org/elections.

Candidate name: _____ (First name) _____ (Last name)

Registration no.: _____

Signature: _____

Nomination

Each candidate must have two nominators. They must each be:

- in the **same registration class as the candidate they are nominating**
  - RNs/NPs nominate RNs/NPs
  - RPNs nominate RPNs
- registered with CNO and not in default of payment of any fees
- from the same electoral district as the candidate they are nominating (to find your district, visit www.cno.org/elections)

We, the undersigned members of the College of Nurses of Ontario, nominate

_____ (First name) _____ (Last name) as a candidate for election.

1

Nominator's name: _____ (First name) _____ (Last name)

Registration no.: _____

Signature: _____

2

Nominator's name: _____ (First name) _____ (Last name)

Registration no.: _____

Signature: _____

Deadline

Forms must be received **by 5 p.m. on Monday, Nov. 23, 2026.**
Email: elections@cnomail.org

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

UPDATED SEPT 2026