

# Call for Nominations of Elected Board Members

## College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNNL)

In accordance with Section 23 of the By-laws, election of LPNs to the Board shall be held. The below stated positions are now open for nominations.

### Zone III

#### 1 Position - 3 year term (January 1, 2016 – December 31, 2018)

Licensees from Zone III of the CLPNNL are invited to submit names of nominees, from their Zone for election to the Board.

NOMINATION FORM – BOARD MEMBERS	ACCEPTANCE OF NOMINATION
<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone III</u></b> do hereby nominate the following person from <b><u>Zone III</u></b> for election to the Board of CLPNNL.</p> <p>Name _____  <div style="text-align: center; margin-left: 150px;">Nominee</div></p> <p>Address _____  <div style="text-align: center; margin-left: 100px;">Number and Street</div></p> <p>_____ City/Town Postal Code</p> <p>License Number _____</p> <p>To serve in this capacity for the term specified above,</p> <p>Signed this ____ day of _____, 2015.</p> <p>Signature _____  <div style="text-align: center; margin-left: 150px;">Nominating Member</div></p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone III</u></b> do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p>  <p>Signed this ____ day of _____, 2015.</p> <p>Signature _____  <div style="text-align: center; margin-left: 150px;">Nominee</div></p>

### Rules and Procedures for Nomination of LPNs for election to the Board of CLPNNL:

1. All nominations received for election to the Board must be accompanied with a resume of nominee to be eligible.
2. Nominations which have been altered or changed must be initialed by both the nominee and nominator.
3. To be eligible the original nomination forms or previously faxed forms for nominees must be received by the College on or before the established deadline.
4. All licensees who are in good standing at the time of the election are entitled to vote as per Section 19 of the By-laws.

**Deadline for acceptance of completed nomination forms is Oct. 23<sup>rd</sup>, 2015 at 1630 hrs.**

**Return completed nomination form to:**  
 College of Licensed Practical Nurses of Newfoundland and Labrador  
 209 Blackmarsh Road  
 St. John's, NL A1E 1T1

**Nominee – Zone III**

**Name:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**RESUME**

**Educational Back Ground:**

---

---

---

---

**Work History:**

---

---

---

---

**Previous Experience with Committee and/or Board Participation:**

---

---

---

**Personal Statement:**

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date