

Belleville
Nurse Practitioner-Led Clinic

*Clinique dirigée par du personnel
infirmier praticien de Belleville*

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BELLEVILLE NURSE PRACTITIONER-LED CLINIC

Board of Directors Application Form

Qualifications

I, _____ the undersigned, hereby apply to be considered for election as a Director on the Board of the Belleville Nurse Practitioner Led clinic, and in doing so, acknowledge and declare that I: (Please check each statement below to indicate your acknowledgement)

- am eighteen (18) or more years of age;
- am not an undischarged bankrupt;
- am not an excluded person which means:
 - (i) any individual who provides goods or services to the Corporation whether through a contract of or for services, including employees; or
 - (ii) any Associate of an individual listed in clause (i) above;
- do not have a criminal record;

Residential Address:

My residential address is:

Work Address:

My work address is: (if not applicable please indicate)

Contact Information: (please indicate any restricted use)

My contact information:

Home telephone number: _____

Cell phone number: _____

Business telephone number _____

Email address: _____

Profile:

The Belleville Nurse Practitioner-Led Clinic (BNPLC) believes in building a strong and effective Board of Directors. Keeping it vital requires a systematic, ongoing, planned approach to our Board recruitment process. Selection, nomination and orientation of qualified, motivated new Board Directors is the key to building a strong Board. The BNPLC strives to ensure the Board of Directors has a balance of necessary knowledge, skills and experience in selecting Directors.

Please provide us with the information. Please check all that apply;

- a. I identify myself as having
 - () 1. a basic understanding of primary health care delivery;
 - () 2. a basic understanding of the role of the nurse practitioner in primary health care delivery;
 - () 3. experience as a health care provider;
 - () 4. experience as a primary health care nurse practitioner;
 - () 5. experience with care delivered by a nurse practitioner as a patient or family member.

- b. I have the skills or experience in the following areas: (please check all that apply)
 - () 1. prior experience in governance on boards;
 - () 2. strategic planning experience;
 - () 3. experience in the management and restructuring of complex organizations;
 - () 4. understanding of the diverse needs and the community and health services available to the residents served by the BNPLC;
 - () 5. familiarity with the South East Local Health Integration Network (SE LHIN);
 - () 6. knowledge and experience in business and management;
 - () 7. knowledge and experience in project management;
 - () 8. knowledge and experience in education;

- () 9. understanding of fiscal and financial matters;
- () 10. understanding of legal matters;
- () 11. knowledge and experience in human resource management;
- () 12. knowledge and experience in quality and performance management;
- () 13. knowledge and experience in communication and information technology;
- () 14. knowledge and experience in political advocacy; and
- () 15. knowledge and experience in government and public relations.

c. My current occupation is: _____ Retired: ()

Applicant Attachments:

I have attached:

1. a cover letter that highlights my interest in the BNPLC model of primary health care delivery and my knowledge, skills and experience relevant to serving as a Director; and
2. my resume with appropriate references;
3. any available previous Board performance assessments.

If my application is approved, I will

() submit a copy of my recent Canadian Police Information Centre (CPIC) criminal record check showing that I have not been convicted of any criminal offence for which a pardon has not been granted; **OR**

() apply immediately for and submit a copy of my CPIC when received.

Conflict of Interest:

Below, I disclose my participation or affiliation with any organizations that may create an actual or perceived conflict of interest with the BNPLC:

Declaration:

If my application is approved, I agree to act as a Director of the Belleville Nurse Practitioner Led Clinic (BNPLC). I shall at all times act honestly and in good faith. I acknowledge the Directors of the BNPLC must act in the best interests of the BNPLC as a whole and not solely in the interest of the community in which the clinic resides. As a Director of the BNPLC, I agree that I shall abide by the Articles of the BNPLC By-Laws and policies and procedures and all governing legislation. I fully understand that any errors in my application may result in my application for consideration as a Director being refused or my

directorship being revoked. I undertake to advise the BNPLC immediately in writing of any change in the information contained in this Application.

Print Name of Applicant

Signature of Applicant

Telephone number where Applicant may be reached during the daytime:

Date: _____

Board Use:

Application approved, subject to receipt of a positive CPIC

Date _____