



202 – 300 March Road, Ottawa, ON, K2K 2E2 · Tel: (613) 599-9210 · Fax: (613) 595-1155

## CALL FOR NOMINATIONS FOR THE BOARD OF DIRECTORS

Members of the Canadian Council of Cardiovascular Nurses in good standing are invited to nominate members for the following positions:

- President Elect
- Treasurer-Secretary
- Director of Provincial Director
- Director of Publications - Expression of interest

Details on CCCN's Governance structure and the key duties and responsibilities for each Board position can be found on CCCN's website at: <https://www.ccn.ca/media.php?mid=1586>.

All nominations shall be accompanied by the signed consent of the nominated member and a signature of a member in good standing supporting the nomination.

Nominees must be members in good standing with the Canadian Council of Cardiovascular Nurses. The nominees must be prepared to serve a three year term commencing after the first board meeting following the Annual General Meeting.

All nominations must be received by **5:00PM Eastern on April 30<sup>th</sup>, 2018** to be valid. Nominations will **NOT** be accepted from the floor at the Annual General Meeting.

The Nomination Form is attached/follows:



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**BOARD OF DIRECTORS  
NOMINATION FORM**

I, the undersigned, being a member in good standing of the Canadian Council of Cardiovascular Nurses, hereby nominate the following member to serve on the Board of Directors as the:

\_\_\_\_\_ (insert position being nominated for)

**NAME OF NOMINEE** \_\_\_\_\_

**NOMINATOR:** \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOMINEE CONSENT:**

I have reviewed the duties and responsibilities of the position for which I have been nominated and understand that the position is for a three year term commencing **May 27<sup>th</sup>, 2018**. I agree to stand for election, and if elected, I am prepared to devote the time and energy required of me to provide leadership and promote the best interests of the Canadian Council of Cardiovascular Nurses.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

This nomination form is to be received by CCCN's National Office by **5:00PM Eastern on April 30<sup>th</sup>, 2018**. Also to be submitted by that date is information on the nominee and promotional information as to why members should vote for him/her. This information along should be captured in 300 words or less and will be provided with the ballots.

Submit this nomination form to the attention of the Executive Director, David Miriguay, at:

The Canadian Council of Cardiovascular Nurses  
202 – 300 March Road  
Ottawa, ON K2K 2E2  
Fax: (613) 595-1155  
Email: [david@cccn.ca](mailto:david@cccn.ca)