

NOMINATION FORM

Board Chair

*Please Return by **August 19, 2016** to:*

Charmaine Smith, Doctors Nova Scotia

Email: charmaine.smith@doctorsns.com Fax: (902) 468-6578

(Please Print)

Nominee		
Specialty		
Location of Practice		
E-mail Address		
Preferred Telephone #		Fax#

Each candidate must include the following with this nomination form:

- a letter outlining your qualifications for this position;
- at least two references (letters of reference may also be included);
- the name and signature of two physician nominators who are members of Doctors Nova Scotia (physician nominators may also include a letter of support); and
- A short biography or CV (maximum 3 pages).

Nominators

Please print and sign (two nominators required)

1.	Print Name	Signature
2.	Print Name	Signature

Nominee

I am aware of and accept the nomination for Board Chair of Doctors Nova Scotia

	Print Name	Signature
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