

NOMINATION FORM

President-Elect (2019-20)

Please Return by Feb 25, 2019 to:

Karen Chaisson, Doctors Nova Scotia

Email: karen.chaisson@doctorsns.com

Fax: (902) 468-6578

(Please Print)

Nominee		
Area of Specialty and location of practice		
E-mail Address		
Preferred Telephone #		Fax#

1. Why do you want to be President of Doctors Nova Scotia?
2. Do you have any experience with Doctors Nova Scotia (board, committees, working groups, etc)?
3. Provide examples of leadership and/or governance roles that you have served in (clinical, academic, boards, committees, volunteer, etc.):
4. Why do you think you would be recognized as a leader among your peers?
5. Have you participated in any formal leadership develop or training? If, yes, please provide details.
6. Is there any further information you would like to provide to support your nomination?

Please attach your answers to these questions and a recent CV. Written references are optional.

TO BE COMPLETED BY BOTH NOMINATORS

Nominators

Please print and sign (two nominators required)

1.	Print Name	Signature
2.	Print Name	Signature

Nominee

I accept the nomination for President-Elect of Doctors Nova Scotia

	Print Name	Signature
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