

**NOMINATION FORM
 CMA BOARD OF DIRECTORS – NOVA SCOTIA REPRESENTATIVE**

Please Print

Name			
Email		Telephone	
Specialty		Practice location	

1. Why are you interested in joining the CMA Board of Directors?

2. Have you had any previous involvement with CMA? Yes No

If yes, in what capacity?

3. Do you have prior board experience? Yes No

If yes, please explain.

4. Are you willing to commit to a possible 6-year term? Yes No

5. The Nova Scotia representative to the CMA Board holds an ex-officio non-voting seat on the Doctors Nova Scotia Board of Directors, which meets [7-8 times per year](#).

Would you be willing to sit on the DNS Board of Directors as well? Yes No

6. Is there any additional information you would like to provide?

Please return the completed form to [Charmaine Smith](#) by February 21, 2020.

*Note: The selection committee may choose to interview one or more candidates before making a recommendation.