Board Policy





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| **nomination form – President-Elect (2021-22)** | | | |
| Please complete the following and return by **February 17, 2021** via email **or** mail to:  President-Elect Nominations – Doctors Nova Scotia  25 Spectacle Lake Drive | Dartmouth, NS B3B 1X7  Email: [**president@doctorsns.com**](mailto:president@doctorsns.com)Faxes will **NOT** be accepted | | | |
| **Nominee:** |  | | |
| **Area of Specialty and**  **location of practice:** |  | | |
| **Email address:** |  | | |
| **Preferred Telephone No.:** |  | | **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 development or training? If, yes, please provide details. 6. Is there any further information you would like to provide to support your nomination?   Please include recent CV with this form. Written references are optional. | | | |
| **TO BE COMPLETED BY BOTH NOMINATORS**  **NOMINATORS** Please print and sign (two nominators required) **Note**: Nominators can send an e-mail in lieu of a signature to [**president@doctorsns.com**](mailto:president@doctorsns.com) | | | |
| * + - 1. Print Name | | Signature | |
| * + - 1. Print Name | | Signature | |
| **NOMINEE** I accept thenomination for President-Elect of Doctors Nova Scotia | | | |
| Print Name | | Signature  ***Nominee can select check box In lieu of a signature*** | |
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