

Independent Practice Nurses Interest Group

Nomination Form for Executive Leaders

Submit up to November 17, 2018

- Print the IPNIG Nomination form
- Nominee completes and signs consent
- Attach profile statement
- Submit form as directed

Candidate Consent:

I, the undersigned, consent to allow my name to stand for election as _____ *(position)* for the term of office, and agree to act in this role, if elected.

I have attached a statement outlining why I am interested in the position *(max 250 words)*.

Candidate Identification:

NAME	
HOME ADDRESS (Including City/Town)	
RNAO Membership #	
HOME Phone # or CELL Phone #	
EMPLOYER and work address Business Phone #	

Signature of Candidate: _____

Date: _____

Email IPNIG Nomination form to RNAO attention Carrie Edwards cedwards@RNAO.ca
or fax to 416.599.1926

Please send a copy of form and profile to the attention of admin@ipnig.ca