



COLLEGE of OCCUPATIONAL
THERAPISTS of NOVA SCOTIA

April 13th, 2018

Re: CALL FOR NOMINATIONS

Dear Members,

In accordance with the College's Act and Regulations, the Nominations Committee is requesting nominations from the membership for two positions on the Board for a 2-year term. There will be a further call from the floor of the AGM for nominations for the above nominations. Should an election be required, it will be held at a later date as determined by the Board.

It is in the best interest of all occupational therapists to have a diverse and eclectic group to participate in the ongoing evolution of the College. We encourage you all to consider applying for a board position.

The process for nomination includes:

1. Submission of a written application by the nominee on the attached form;
2. Attach 150 word summary including:
 - a. Your education,
 - b. Your experience related to occupational therapy,
 - c. Your qualities and experience that would be an asset to the Board.
3. Attach 2 nomination forms signed by members in good standing with the College.

The written application must be received by the Nominations Committee no later than June 7th, 2018.

The applications are to be mailed or faxed to the College office as indicated on the application form.

If you wish to make a nomination, please complete the attached Application Form and Nomination Form.

Please call Jonathan Belbin, Registrar, at 902-455-0556 if you have any questions or concerns.

Sincerely,

Allanna Jost, Cherie Lewis, and Megan Murphy
Nominations Committee
College of Occupational Therapists of Nova Scotia



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APPLICATION FORM

I, (please print) _____ agree to stand for election to the Board of the College of Occupational Therapists of Nova Scotia (COTNS) for a 2 year term.

SIGNATURE OF NOMINEE

DATE

Please attach a 150 word summary that addresses the following:

- 1) Your education;
- 2) Your experience related to occupational therapy;
- 3) Your qualities and experience that would be an asset to the Board.

Nomination supported by

1. Name of COTNS member: _____
Telephone number: _____
2. Name of COTNS member: _____
Telephone number: _____

Please return this form no later than June 7th, 2018 to:

Nominations Committee
College of Occupational Therapists of Nova Scotia
380 Bedford Hwy, Suite 203
Halifax, NS B3M 2L4
Phone (902) 455-0556 or 1-877-455-0556 or Fax (902) 455-0621



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NOMINATION FORM

I, (please print) _____ as a member of

COTNS support the nomination of _____

to the Board of the College of Occupational Therapists of Nova Scotia.

SIGNATURE

DATE

COTNS Registration number

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