



COLLEGE of OCCUPATIONAL  
THERAPISTS of NOVA SCOTIA

## COLLEGE OF OCCUPATIONAL THERAPISTS OF NOVA SCOTIA

### APPLICATION FORM

I, (please print) \_\_\_\_\_ agree to stand for election to the Board of the College of Occupational Therapists of Nova Scotia (COTNS) for:

- 1-year term    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: \_\_\_\_\_

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Please return this form to the College by July 12th, 2019 @ 3pm. Forms can be returned via fax, email or regular mail.

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  
admin@cotns.ca



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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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