



## Nomination Details

### Committee Applying For:

(Select one or more)

- Professional Conduct Committee
  - Education Advisory Committee
  - Registration Committee
  - Nursing Practice Committee
  - Research Committee
  - Association and Advocacy Committee
  - Policy Committee
  - Board of Directors
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## Candidate Information

Name (Print): \_\_\_\_\_

Membership #: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

Email: \_\_\_\_\_

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## Nomination Statement

**(For nominations by others - self-nominations are also welcome)**

I nominate the above-named Nurse for the committee indicated above. I believe they would be a good candidate for this position because:

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**Nominator's Name (Print):** \_\_\_\_\_  
**Membership #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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## Seconding the Nomination

Each nomination must be supported by at least two registrants.

**I second the nomination of:** \_\_\_\_\_  
I feel they would be a good candidate for this position because:

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**Seconder's Name (Print):** \_\_\_\_\_  
**Membership #:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

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## Candidate Statement

**1. Number of years of nursing experience:** \_\_\_\_\_

**2. Declaration:**

I am a member in good standing with CANNN and am not currently under investigation or subject to a disciplinary decision or settlement agreement.  
(Circle one) **Yes / No**

**3. My nursing background includes experience in:**

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**4. Skills and Interests that make me particularly suitable for this position:**

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**5. Goals and Objectives:**

What do you hope to accomplish in this role?

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**Candidate's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Submission Instructions**



**Once completed, please email your nomination form to: [execast@cannn.ca](mailto:execast@cannn.ca)**



**Phone: (867) 688-8255**



**Fax: (867) 988-3858**

**Thank you for your interest in serving on a CANNN Committee!**



**COLLEGE AND ASSOCIATION OF NURSES**  
of the Northwest Territories and Nunavut