

## **2024 MEMBER NOMINATION FORM**

For election to CMPA Council

Any current practising member of the Association may be nominated as a candidate for election to Council by any group of no fewer than 10 current members who reside in the same geographical area<sup>1</sup> as the member they are nominating. Nominations must be received at the Association no later than February 14, 2024. Please review the information on the CMPA website at <a href="https://www.cmpa-acpm.ca">www.cmpa-acpm.ca</a> for further details on the documentation requirements.

**Privacy notice:** By submitting the information on this form you consent to the CMPA's collection, use and disclosure of the information for purposes of administering Council nominations and elections, and in particular, you consent to the information being made public on the CMPA's website and in election materials provided to members. The information collected on this form is governed by and will be treated in accordance with the CMPA Privacy Policy.

V/\\V\L		CMPA MEMBER #:
ADDRESS:		
		CMPA TYPE OF WORK:
TELEPHONE:	FAX:	EMAIL:
GEOGRAPHICAL AREA1:		DIVISION <sup>2</sup> A B
		A wide range of perspectives and opinions promotes d to the complex, multi-stakeholder environment in which
collectively meet the needs of age, sexual orientation and g	of the Association. Our Council aims	here the experience of each member combines to to reflect diversity across characteristics such as gender, ersons with disabilities, as well as within medical
	practising members from all b	nomination to Council for 2024. We invite and encourage ackgrounds, who feel they can make a unique
Nominee experience and a	ttributes	
		clinical background, leadership capabilities, outreach usiness or legal experience, and financial or investment
• •	Council members with orientation,	ongoing education, and training related to many of these
areas.		
		members of council may seek nomination and re-election
Nominees must be current p	erm.	members of council may seek nomination and re-election 'S SIGNATURE) if elected, consent to serve and undertake

<sup>1</sup>GEOGRAPHICAL AREAS

1 British Columbia and Yukon 2 Alberta 3 Saskatchewan, Northwest Territories, and Nunavut 4 Manitoba

5 Ontario 6 Québec 7 New Brunswick 8 Nova Scotia 9 Prince Edward Island 10 Newfoundland and Labrador

<sup>2</sup>Division A — Certification from CFPC, or CMQ (Specialists in Family Medicine), or physicians without CFPC, CMQ or RCPSC certification. One (1) Council position within Division A is filled by a member engaged in a residency program in Canada.

Division B — Specialist certification from RCPSC or CMQ, not including specialists in Family Medicine.

Continued



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## CMPA members signing in support of a candidate are asked to consider that a nominee:

- will actively and convincingly support the work of the Association
- meets the requirements of being a councillor as outlined on the CMPA website, the By-Laws and the <u>Terms of reference</u> for <u>Council and councillors</u> and will adhere to the <u>Code of conduct and conflict of interest guidelines for councillors</u>, signed on an annual basis by Council members
- is a current practising member who enjoys the respect of his/her peers
- should not have a criminal conviction related to the practice of medicine or a history of findings of serious professional misconduct

## **NAMES AND SIGNATURES OF 10 CURRENT CMPA MEMBERS IN SUPPORT OF THE NOMINATION** Signing members must reside in the same geographical area as the nominee.

NAME (please print)	SIGNATURE	CMPA MEMBER #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		