



College of
TRADITIONAL
CHINESE MEDICINE
PRACTITIONERS +
ACUPUNCTURISTS
of British Columbia

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BOARD CANDIDATE NOMINATION FORM

Please complete all sections of this form. Incomplete forms will be returned to you.

Instructions

Any registrants in good standing can nominate any other registrant for election. This nomination form must be signed by the nominee to indicate his/her consent to the nomination.

The completed Board Candidate Nomination Form and a photograph in jpg format must be received by the College no later than September 30, 2022 by email to governance@ctcma.bc.ca.

NOMINATOR		
Nominator Legal Last Name	Nominator Legal First Name	Nominator Registration Number
I am a registrant in good standing with the College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia and hereby nominate		
Nominee Legal Last Name	Nominee Legal First Name	Nominee Registration Number
for the position of elected Board Member. I have read the obligations required of an elected board member and support this nominee.		
_____ Nominator Signature		_____ Date

NOMINEE INFORMATION				
Legal Last Name	Legal First Name		Legal Middle Name	
Registration Number	Registration Title		Informal Name (if applicable)	
Residential Address			Tel	
City	Province	Country	Postal Code	Email
Education Credential				
Employer			Employment Position (Title)	

NOMINEE CONSENT

I am a registrant in good standing and hereby consent to the nomination for Elected Board Member of District

Vancouver Lower Mainland Province of British Columbia Outside of Lower Mainland

NOMINEE'S COLLEGE INVOLVEMENT

Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group participant)	From (Year) To (Year)
Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group participant)	From (Year) To (Year)
Position Held (e.g. Board Member, Committee Member, Examiner, Focus Group participant)	From (Year) To (Year)

NOMINEE INFORMATION

- In no more than 110 English words, please provide a nominee statement below to demonstrate
 - your commitment to serving the public interest;
 - your skills or experience in governance and professional health regulation; and
 - skill sets that you possess and believe to be of value when serving on the Board.The nominee statement will be posted on the College website. If you provided more than 110 words, only the first 110 words will be published. Corrections of spelling, punctuation, grammar, syntax will not be made.
- I declare that I am able to communicate in English both verbally and in written form.

Yes No
- If elected, I undertake that I will not seek or accept a position that would give rise to a conflict of interest with the obligations expected of a board member of the College.

Yes No
- If elected, I understand that I cannot be a director or officer of an association that represents, acts as an agent for or advocates for the interests of TCM practitioners and acupuncturists.

Yes No
- I will submit a recent photograph in jpg format along with this Board Candidate Nomination Form.

Yes No

NOMINEE DECLARATION

I declare that I will abide by the *Health Professions Act*, the Traditional Chinese Medicine Practitioners and Acupuncturists Regulation and the bylaws to the Act and the policies and procedures related to the election.

Nominee Signature

Date