



COLLEGE OF  
LICENSED PRACTICAL NURSES  
OF NEWFOUNDLAND AND LABRADOR  
LPNS - A PRACTICAL APPROACH TO QUALITY CARE

**Election of LPNs to the Board  
for  
Zone I (St. John's and surrounding area)  
and  
Zone IV (Western Region)**

The CLPNNL is seeking nominations for one LPN to be elected to the Board of the CLPNNL for each of Zones I & IV (total of two LPNs). Each position is for a three-year term (January 1, 2018 – December 31, 2020). For more information about the election process, please contact the Liaison person for your facility or the office of the CLPNNL or visit [www.clpnnl.ca](http://www.clpnnl.ca). A copy of the By-laws that outlines the catchment areas for Zones II & V is available on the website.

**SCHEDULE OF THE ELECTION PROCESS FOR ZONES I AND IV**

1. Nomination forms will be mailed to Liaison LPNs for distribution prior to **September 1<sup>st</sup>, 2017**.
2. Deadline for receipt of completed nomination forms at the CLPNNL office is **October 27<sup>th</sup>, 2017 at 1630 hrs.**
3. Election ballots will be mailed to each LPN in Zones I and IV on **November 14<sup>th</sup>, 2017**
4. Deadline for receipt of completed election ballots at the CLPNNL office is **December 8<sup>th</sup>, 2017 at 1630 hrs.**
5. Notification of election results to candidates takes place on **December 15<sup>th</sup>, 2017.**
6. Notification of election results to membership occurs on **December 18<sup>th</sup>, 2017.**

## Call for Nominations of Elected Board Members College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNL)

In accordance with Section 23 of the By-laws, election of LPNs to the Board shall be held. The below stated positions are now open for nominations.

### **Zone I**

#### 1 Position 3-year term (January 1, 2018 – December 31, 2020)

Licenses from Zone I of the CLPNL are invited to submit names of nominees, from their Zone for election to the Board.

NOMINATION FORM – BOARD MEMBERS	ACCEPTANCE OF NOMINATION
<p>I, _____ a member in good standing of the CLPNL, residing in <b>Zone I</b> do hereby nominate the following person from <b>Zone I</b> for election to the Board of CLPNL.</p> <p>Name _____ Nominee</p> <p>Address _____ Number and Street</p> <p>_____ City/Town Postal Code</p> <p>License Number _____</p> <p>To serve in this capacity for the term specified above,</p> <p>Signed this ____ day of _____, 2017.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNL, residing in <b>Zone I</b> do hereby accept nomination for election to the Board of CLPNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2017.</p> <p>Signature _____ Nominee</p>

#### Rules and Procedures for Nomination of LPNs for election to the Board of CLPNL:

1. All nominations received for election to the Board must be accompanied with a resume (see page 2) for the nominee to be eligible.
2. Nominations which have been altered or changed must be initialed by both the nominee and nominator.
3. All licensees who are in good standing at the time of the election are entitled to vote as per Section 19 of the By-laws.
4. Completed nomination forms (pages 1 & 2) must be received at CLPNL Office by October 27<sup>th</sup> ay 1630pm.

Scan to: [dpantin@clpnl.ca](mailto:dpantin@clpnl.ca)

Fax: 709-579-8268

**OR mail:**

College of Licensed Practical Nurses of  
Newfoundland and Labrador  
209 Blackmarsh Road  
St. John's, NL A1E 1T1

Nominee – **Zone I**

Name: \_\_\_\_\_

License #: \_\_\_\_\_

**RESUME**

**Education:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work History:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Experience with Committee and/or Board Participation, if applicable:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal Statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date

## Call for Nominations of Elected Board Members College of Licensed Practical Nurses of Newfoundland & Labrador (CLPNNL)

In accordance with Section 23 of the By-laws, election of LPNs to the Board shall be held. The below stated positions are now open for nominations.

### **Zone IV**

#### **1 Position 3-year term (January 1, 2018 – December 31, 2020)**

Licenses from Zone IV of the CLPNNL are invited to submit names of nominees, from their Zone for election to the Board.

<b>NOMINATION FORM – BOARD MEMBERS</b>	<b>ACCEPTANCE OF NOMINATION</b>
<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone IV</u></b> do hereby nominate the following person from <b><u>Zone IV</u></b> for election to the Board of CLPNNL.</p> <p>Name _____ Nominee</p> <p>Address _____ Number and Street</p> <p>_____ City/Town Postal Code</p> <p>License Number _____</p> <p>To serve in this capacity for the term specified above,</p> <p>Signed this ____ day of _____, 2017.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone IV</u></b> do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2017.</p> <p>Signature _____ Nominee</p>

### **Rules and Procedures for Nomination of LPNs for election to the Board of CLPNNL:**

1. **All nominations received for election to the Board must be accompanied with a resume (see page 2) for the nominee to be eligible.**
2. Nominations which have been altered or changed must be initialed by both the nominee and nominator.
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4. **Completed nomination forms (pages 1 & 2) must be received at CLPNNL Office by October 27<sup>th</sup> ay 1630pm.**

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Fax: 709-579-8268

**OR mail:**

College of Licensed Practical Nurses of  
Newfoundland and Labrador  
209 Blackmarsh Road  
St. John's, NL A1E 1T1

Nominee – **Zone IV**

**Name:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**RESUME**

**Education:**

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**Work History:**

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**Previous Experience with Committee and/or Board Participation, if applicable:**

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**Personal Statement:**

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\_\_\_\_\_  
Nominee's Signature

\_\_\_\_\_  
Date