

## 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 position below is now open for nominations.

### Zone I

#### 1 Position 3-year term (January 1, 2021 – December 31, 2023)

Licenses from Zone I of the CLPNNL 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 CLPNNL, residing in <b><u>Zone I</u></b> do hereby nominate the following person from <b><u>Zone I</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 _____, 2020.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone I</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 _____, 2020.</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.
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 CLPNNL Office by October 23, 2020 at 1630 pm.**

Scan to: [dlake@clpnnl.ca](mailto:dlake@clpnnl.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

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

### Zone IV

#### 1 Position 3-year term (January 1, 2021 – December 31, 2023)

Licenses from Zone IV of the CLPNNL 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 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 _____, 2020.</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 _____, 2020.</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.
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 CLPNNL Office by October 23, 2020 at 1630 pm.**

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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:**

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

**Work History:**

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

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

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

**Personal Statement:**

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

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

\_\_\_\_\_  
Date