

COLLEGE AND ASSOCIATION OF ACUPUNCTURISTS OF ALBERTA

2018 Council Election Nomination Form

Instructions for Completing the Nomination Form

- a. The form must be filled out and printed in English. Unreadable writing(s) may lead to rejection of the nomination.
- b. This nomination must be endorsed by three (3) Registered Members in good standing. People who endorse this nomination must sign and date their endorsement.
- c. Mail the completed and signed Nomination Form together with a biography and a recent photograph to:

CAAA Nomination Election Committee, by mail to #201, 9612-51st Ave NW, Edmonton AB T6E 5A6 or by email to admin@acupuncturealberta.ca.

- d. The nomination form and other required documents must be received on or before February 26, 2018 by 5:00 p.m. (office closing time).

Information of Nominee

Registration Number: _____
(the number printed on your Certificate of Registration for Acupuncturist)

Name of Nominee: _____
Last Name First Name Middle Initial

Are you affiliated with a School that provides programs for Traditional Chinese Medicine or Acupuncture? Yes No

If yes, which school _____

In which capacity? _____

Have you ever been charged with or convicted of a criminal offence in Canada or elsewhere?
 Yes No

If yes, please provide details in a separate confidential letter addressed to the NEC (indicate letter attached)_____

Have you ever been the subject of any ongoing formal investigation by the College or professional legal dispute, or been reprimanded in a disciplinary action by any professional college or association in the five years preceding this election? Yes No

If yes, please provide details in a separate confidential letter addressed to the NEC (indicate letter attached)_____

Continued ...

Nomination Form

Mailing Address: _____

Apt #, street address

City / Town Province Postal Code

Business Phone: _____ Fax (optional): _____

E-mail address: _____

I declare that the information submitted is true to the best of my knowledge.

Signature: _____ Date: _____
(signature of nominee)

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2. This nomination is endorsed by the following registered members:

1) Registration Number: _____

Name: _____ Phone: _____

Signature: _____ Date: _____
(signature)

2) Registration Number: _____

Name: _____ Phone: _____

Signature: _____ Date: _____
(signature)

3) Registration Number: _____

Name: _____ Phone: _____

Signature: _____ Date: _____
(signature)

Thank-you for submitting your name as a candidate in the 2018 election to choose members to serve on the College and Association of Acupuncturists of Alberta (CAAA) Council for the next term.