

CHICA - EASTERN ONTARIO
A Chapter of the
Community and Hospital Infection Control Association - Canada

NOMINATION FORM (Policy 3.1)

We, the undersigned, wish to nominate (Name) _____

(Title) _____ (Facility) _____

as a candidate for election to the position of (Office) _____

on the CHICA-EO Executive. Term to commence(date) _____

1. (Nominator name) _____ (Signature) _____

2. (Nominator name) _____ (Signature) _____

Dated: _____

CONSENT OF CANDIDATE

I, the undersigned, acknowledge the above nomination and consent to allow my name to stand for this position.

(Signature) _____ (Date) _____

Please complete and send to the Past-president (Chair of Nominating Committee) by October 31.

Approved: Executive Oct 02; Nov 06