



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 III (Central Region)**

The CLPNNL is seeking nominations for one LPN to be elected to the Board of the CLPNNL for each of Zones I and III (total of two LPNs). Each position is for a three-year term (January 1, 2019 – December 31, 2021). For more information about the election process, please contact the office of the CLPNNL or visit www.clpnnl.ca. A copy of the By-laws that outlines the catchment areas for Zones I and III is available on the website.

SCHEDULE OF THE ELECTION PROCESS FOR ZONES I AND III

1. Deadline for receipt of completed nomination forms at the CLPNNL office is **October 26th, 2018 at 1630 hrs.**
2. Election ballots will be mailed to each LPN in Zones I and III on **November 13th, 2018**
3. Deadline for receipt of completed election ballots at the CLPNNL office is **December 7th, 2018 at 1630 hrs.**
4. Notification of election results to candidates takes place on **December 14th, 2018.**
5. Notification of election results to membership occurs on **December 17th, 2018.**

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, 2019 – December 31, 2021)

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 Zone I do hereby nominate the following person from Zone I 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 _____, 2018.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in Zone I do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2018.</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 26th at 1630 pm.**

Scan to: dpantin@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

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

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Zone III

1 Position 3-year term (January 1, 2019 – December 31, 2021)

Licenses from Zone III 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 Zone III do hereby nominate the following person from Zone III 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 _____, 2018.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in Zone III do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2018.</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 26th at 1630 pm.**

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OR mail:

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209 Blackmarsh Road
St. John's, NL A1E 1T1

Nominee – Zone III

Name: _____

License #: _____

RESUME

Education:

Work History:

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

Personal Statement:

Nominee's Signature

Date