



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

Election of LPNs to the Board CLPNNL Zone I (Eastern Region) 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.

Each position is for a three-year term (January 1, 2024 – December 31, 2026).

A copy of the By-laws that outline the catchment areas for Zones I & IV is available on the website.

For more information about the election process and a nomination form, please contact the Liaison person for your facility or the office of the CLPNNL or visit www.clpnnl.ca.

Deadline for receipt of completed nomination forms in the CLPNNL office is **October 27th, 2023 at 1630 hrs.**

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

In accordance with Section 18 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, 2024 – December 31, 2026)

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 <u>Zone I</u> do hereby nominate the following person from <u>Zone I</u> 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 _____, 2023.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <u>Zone I</u> do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2023.</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 18 of the By-laws.
4. **Completed nomination forms (pages 1 & 2) must be received at CLPNNL Office by October 27, 2023 at 1630 pm.**

Scan to: 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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Zone IV

1 Position 3-year term (January 1, 2024 – December 31, 2026)

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 <u>Zone IV</u> do hereby nominate the following person from <u>Zone IV</u> 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 _____, 2023.</p> <p>Signature _____ Nominating Member</p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <u>Zone IV</u> do hereby accept nomination for election to the Board of CLPNNL.</p> <p>Name _____</p> <p>License Number _____</p> <p>Signed this ____ day of _____, 2023.</p> <p>Signature _____ Nominee</p>

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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