



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 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 & III.

Each position is for a three-year term (January 1, 2025 – December 31, 2027).

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

For more information about the election process and a nomination form, please contact the office of the CLPNNL or visit [www.clpnnl.ca](http://www.clpnnl.ca).

Deadline for receipt of completed nomination forms in the CLPNNL office is **October 25<sup>th</sup>, 2024 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, 2025 – December 31, 2027)**

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 _____  <div style="text-align: center; font-size: small;">Nominee</div></p> <p>Address _____  <div style="text-align: center; font-size: small;">Number and Street</div></p> <p>_____  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>City/Town</span> <span>Postal Code</span> </div></p> <p>License Number _____</p> <p>To serve in this capacity for the term specified above,</p> <p>Signed this ____ day of _____, 2024.</p> <p>Signature _____  <div style="text-align: center; font-size: small;">Nominating Member</div></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 _____, 2024.</p> <p>Signature _____  <div style="text-align: center; font-size: small;">Nominee</div></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 25, 2024 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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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 III**

**1 Position 3-year term (January 1, 2025 – December 31, 2027)**

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 <b><u>Zone III</u></b> do hereby nominate the following person from <b><u>Zone III</u></b> for election to the Board of CLPNNL.</p> <p>Name _____  <div style="text-align: center; font-size: small;">Nominee</div></p> <p>Address _____  <div style="text-align: center; font-size: small;">Number and Street</div></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 _____, 2024.</p> <p>Signature _____  <div style="text-align: center; font-size: small;">Nominating Member</div></p>	<p>I, _____ a member in good standing of the CLPNNL, residing in <b><u>Zone III</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 _____, 2024.</p> <p>Signature _____  <div style="text-align: center; font-size: small;">Nominee</div></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 25, 2024 at 1630 pm.**

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**OR mail:**

College of Licensed Practical Nurses of Newfoundland and Labrador  
 209 Blackmarsh Road  
 St. John's, NL A1E 1T1

**Nominee – Zone III**

**Name:** \_\_\_\_\_

**License #:** \_\_\_\_\_

**RESUME**

**Education:**

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**Work History:**

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

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**Personal Statement:**

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

\_\_\_\_\_  
Date