



**COLLEGE OF RESPIRATORY THERAPISTS OF ONTARIO**

**ORDRE DES THÉRAPEUTES RESPIRATOIRES DE L'ONTARIO**

## **NOMINATION FORM**

*(to be received by 1600 hrs on August 8, 2011)*

We, the undersigned Members of the College of Respiratory Therapists of Ontario, **eligible to vote in Electoral District # \_\_\_\_\_**, nominate \_\_\_\_\_ as a candidate<sup>1</sup> for the election to be held on October 7, 2011 as a *(check one)*:

***Council Member - Districts 3, 4 or 6***

(Nominators must be eligible to vote in the same District as the nominee practises or resides)

***Non-Council Committee Member - Districts 3, 4 or 6***

(Nominators must be eligible to vote in the same District as the nominee practises or resides)

<b>NOMINATOR'S NAME</b> (please print)	<b>CRTO REGISTRATION #</b>	<b>SIGNATURE</b>	<b>DISTRICT</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**NOMINEE'S CONSENT:**

I consent to allow my name to stand for election as noted above, and hereby declare that:

- (1) I have read and understood the attached position description and specific responsibilities of being a CRTO Council Member or a Non-Council Committee Member; and
- (2) based on the eligibility criteria attached, I am eligible to stand for election.

**A CANDIDATE STATEMENT MUST BE INCLUDED**

_____	_____	_____
(Nominee's signature)	(CRTO Registration #)	(date)

\_\_\_\_\_  
Nominee's email address (for results)

\_\_\_\_\_

<sup>1</sup> If you are nominating more than one candidate please use a separate nomination form (available on CRTO web site).