CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

Academic Selection – Nomination Package

CANDIDATE CONSENT AND NOMINATION FORM

I, _____, consent to my nomination as a candidate for academic selection to the Council of the College of Dental Hygienists of Ontario and certify that I meet the eligibility criteria and that all information contained within this nomination package is, to the best of my knowledge, complete and correct. By signing this form, I authorize CDHO to verify the information provided in this nomination.

Academic Institution: _____ **Registration No.:**_____

Name (Last, First): _____ **Email:**_____

Home Address: _____

Business Address: _____

Home City: _____ **Bus. City:**_____

Home Province: _____ **Bus. Province:**_____

Home Postal Code: _____ **Bus. Postal Code:** _____

Home Tel.: _____ **Bus. Tel.:** _____

Signed: _____ **Date:** _____

NOMINATORS (five faculty members who are registered in good standing with CDHO and eligible to vote in the academic selection)

I have read the eligibility criteria and am eligible to vote in the academic selection*.

I nominate _____ , Registration No. _____ for the selection to Council.

	Signature	Nominator's Name (Last, First)	Registration No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

BIOGRAPHICAL SKETCH TEMPLATE

The information below will be provided to faculty members who are eligible to vote in the academic selection. Please note that this template must be followed. A biographical sketch highlights your strengths, achievements, contributions and/or formative experience. It cannot include statements that are in support for, or opposition to, socially relevant, urgent, controversial, or complicated topics or issues. The statement must be consistent with the fact that Council members must act in the public interest. **Submissions that exceed 200 words or contain inappropriate statements will be returned to you for revision.**

Name: _____

Employment Address (School Name and Location):

_____

_____

Telephone (Bus.):_____ **Email Adress** (Bus.): _____

Academic Responsibilities: _____

Education (Dental hygiene school and year of graduation / Other relevant post secondary):

Academic Responsibilities:

Statement of Intent (maximum 200 words):

CHECKLIST

- [ ] Review the Council Competency Profile.
- [ ] Sign up to attend an information session.
- [ ] Complete the nomination form and the biographical sketch template on the two previous pages.
- [ ] Submit a current curriculum vitae not exceeding four pages with your completed nomination form.
- [ ] Email your completed submission to registrar@cdho.org **or** mail it to:

  College of Dental Hygienists of Ontario
  Attn: Office of the Registrar
  175 Bloor Street East, North Tower, Suite 601
  Toronto, ON M4W 3R8

If you have any questions about the eligibility requirements or the nomination procedures, please contact the Office of the Registrar at 416-961-6234, ext. 223 or email registrar@cdho.org.