CDHO

COLLEGE OF DENTAL
HYGIENISTS OF ONTARIO

District Election –
Nomination Package

NOMINATION FORM

I, _____, Registration No. _____, having read the eligibility criteria, confirm that I am eligible to stand for election in District _____ . I hereby consent to allow my name to stand for nomination, and if elected, will assume all duties of a Council member.

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 members eligible to vote in District _____)

I have read the eligibility criteria and am eligible to vote in District _____*.

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

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

* **Eligibility to vote** is determined by where an RDH primarily practises, or if not practising, where they primarily reside.

BIOGRAPHICAL SKETCH TEMPLATE

The information below will be provided to RDHs in your district. 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's interest. **Submissions that exceed 200 words or contain inappropriate statements will be returned to the candidate for revision.**

Name: _____

Educational Background: (Dental hygiene school and year of graduation / Other relevant post secondary education)

_____

_____

_____

Area of Practice:_____

Practice Location: (Employment address)

_____

_____

Telephone: (Home)_____ (Business) _____

Email: _____

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 resume or CV.
- ☐ 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.