

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

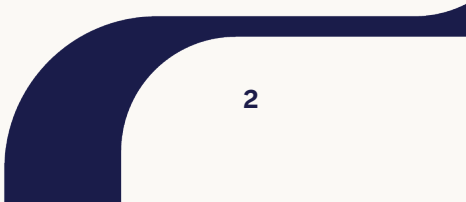
**Practice Location:** (Employment address)

\_\_\_\_\_  
\_\_\_\_\_

**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](mailto: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](mailto:registrar@cdho.org).