

## Nomination Form

Candidate Information			
Electoral District:		Registration No:	
Name:		Email:	
Home Address:		Business Address:	
Home City:		Business City:	
Home Prov/PO:		Business Prov/PO:	
Home Tel:		Business Tel:	

### Nomination

We, the undersigned members of the College of Opticians of Ontario, nominate \_\_\_\_\_ as a candidate for election to the board, and are eligible to do so.  
(candidate's name)

#### PLEASE NOTE:

- The nominators must be registered opticians (who are not suspended) and must principally reside in the candidate's district (or if they do not reside in Ontario, must principally practise opticianry in the candidate's district).
- The nomination form must bear the signatures and registration numbers of at least three nominators.

1. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			
3. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			
3. Nominator's Name:			
Registration No.:		Date:	
Home address:			
Signature:			

## Candidate Declaration and Consent Form

I, \_\_\_\_\_, declare as follows:  
(candidate's name)

Eligibility Criteria – By-law Article 6.3	Agree	Disagree	Internal Use Only
I reside in the electoral district where I am running for election, or I reside outside of Ontario but am engaged in the practice of opticianry in the district where I am running.			
I am not in default of any payment or any required fees to the College.			
I have not been found to have committed an act of professional misconduct or to be incompetent in any disciplinary proceeding in the six years preceding the date of the election.			
My certificate of registration has not been revoked or suspended in the six years preceding the date of the election for any reason other than non-payment of fees.			
I am not the subject of any disciplinary or incapacity proceedings.			
My certificate of registration is not subject to a term, condition, or limitation other than one prescribed by regulation.			
I am not in default of any of the requirements of the College's quality assurance program.			
I have resigned, at least three years before being nominated for election, any position such as a director, owner, board member, officer or employee that I hold with a professional association relating to opticianry.			
I have resigned, before being nominated for election, any employment with the College.			
I am not a member of the Board of any other RHPA college.			
I have complied with the Election Guidelines of the College.			
I am not a candidate for election in, or already a member of the Board for, another electoral district.			
<b>For Electoral District 6 only:</b> I am currently recognized by the College as a Contact Lens Mentor.			
I have not been disqualified from the Board in the six years preceding the deadline for receipt of nominations.			

Eligibility Criteria – By-law Article 6.3	Agree	Disagree	Internal Use Only
I have not initiated, joined, continued or materially contributed to a legal proceeding against the College or any committee or representative of the College within one year from the deadline of the receipt of nominations.			
I do not have a conflict of interest to serve as a member of the Board, or I have agreed to remove any such conflict of interest before taking office.			
I am not in default of returning any required form or information to the College.			
I have successfully completed the Pre-Election Training Module: Jurisprudence Chapter 4 – RHPA, and submitted my certificate of completion with my nomination package			
I have not been an elected Board member for more than nine consecutive years.			
Or if I have been an elected Board member for nine consecutive years, I have not been an elected Board member in the previous three years immediately preceding the election.			
Eligibility Requirements – By-law Article 3.1(e)	Agree	Disagree	Internal Use Only
I do not hold a designation as a Life Member			

I have enclosed or will provide the following to the College:

Technical Requirements	Yes	No	Internal Use Only
Nomination Form signed by at least three members			
Passport-Sized Photo			
Biographical Statement (optional)			

By signing, I consent to my nomination as a candidate for election to the Board of the College of Opticians of Ontario. I certify that the above declarations are true and correct as to the best of my knowledge, and that I have read, understood and with all the requirements for nomination as provided under the College of Opticians of Ontario's Elections By-law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms and supporting documentation must be received by the College no later than 12:00 pm on Friday, September 10, 2020.**