# CASN letterhead colour

# Nomination for CASN Accreditation Bureau

**[ ] Faculty Representative (2 required)
[ ] Bilingual Faculty Representative (1 required)**

**Three Year Term**

**2016-2019**

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| **SECTION ONE – CANDIDATE INFORMATION** |

*Please print or type*

**Candidate / Nominee**

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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CITY PROVINCE POSTAL CODE

TELEPHONE: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-MAIL ADDRESS**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LANGUAGES**: [ ] ENGLISH [ ] FRENCH [ ] BILINGUAL

Criteria for a faculty member to be on the CASN Accreditation Bureau

* Nurse faculty members must be currently involved in baccalaureate or graduate programs in nursing, have a minimal educational preparation of a master's degree in nursing, and five years teaching experience in a baccalaureate or graduate program in nursing.
* No member of CASN Council (i.e. voting member of Council) shall be appointed to the Accreditation Bureau.

Candidates wishing to run for election must be nominated in writing by a faculty member of a CASN member school. Nominators are expected to complete this form on behalf of the candidate. Both the nominator and the candidate must sign this form.

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| **SECTION TWO – CANDIDATE’s EDUCATIONAL BACKGROUND (Post Secondary)** |

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| **QUALIFICATIONS RECEIVED** | **YEAR** | **SCHOOL** |
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| **SECTION THREE – CANDIDATE ‘s EXPERIENCE** |

**1. PREVIOUS EXPERIENCE IN POLICY DEVELOPMENT OR DECISION-MAKING (specify where and in what capacity)**

**2. PLEASE DESCRIBE THE CANDIDATE’S EXPERIENCE IN PROGRAM EVALUATION, REGULATION AND/OR ACCREDITATION.**

**3. PREVIOUS EXPERIENCE ON INSTITUTIONAL/PROVINCIAL/NATIONAL COMMITTEES (role and duration of membership).**

**4. CONTRIBUTIONS TO THE DEVELOPMENT OF EDUCATION/PROFESSIONAL PROGRAMS FOR NURSING.**

**5. REASON WHY THIS CANDIDATE IS BEST SUITED FOR THE POSITION ON THE CASN ACCREDITATION BUREAU.**

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| **NOMINATOR** |

SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTITUTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE: (\_\_\_\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LANGUAGES: [ ] ENGLISH [ ] FRENCH

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| **SIGNATURES** |

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SIGNATURE OF NOMINEE DATE

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

SIGNATURE OF NOMINATOR DATE

Nomination forms received **before Friday, November 4th, 2016** will be included in the slate of nominations printed for the Council meeting. Nominations received **after Friday, November 4th, 2016** will be considered “nominations from the floor” and as such the nominator will be required to speak to the candidate’s qualifications and experience in-person during the Council meeting.

**RETURN TO:**

Sharada Boucher-Sharma, Strategic Operations Coordinator

Canadian Association of Schools of Nursing

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Ottawa, Ontario K1V 0Y3

Telephone: 613-235-3150 (ext. 30)

Fax: (613) 235-4476

Email: sboucher-sharma@casn.ca

You will receive a confirmation e-mail within 48 hours of submission. If you do not receive the confirmation, please contact CASN National Office at 613-235-3150 ext. 30