# CASN letterhead colour**NOMINATION FORM**

# **CASN Accreditation Bureau**

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

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

**Three Year Term (2020-2023)**

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| **SECTION ONE – CANDIDATE INFORMATION** |

*Please print or type*

**Candidate / Nominee**

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

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

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

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

MAILING 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. (NOTE: THIS DESCRIPTION WILL BE INCLUDED IN THE SLATE OF NOMINATIONS DISTRIBUTED AT COUNCIL MEETING) Maximum 250 Words**

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| **NOMINATOR** |

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

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

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

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

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

LANGUAGES: [ ] ENGLISH [ ] FRENCH [ ] BILINGUAL

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| **SIGNATURES** |

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SIGNATURE OF NOMINEE DATE

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

SIGNATURE OF NOMINATOR DATE

Nomination forms must be received **by Sunday, November 8th, 2020** and will be included in the *Slate of Nominations* distributed at the CASN Council meeting. Given that the Council Meeting will be virtual, with electronic voting, there will be no *“Nominations from the Floor”.*

**RETURN FORM VIA EMAIL TO:**

Sharada Boucher-Sharma, Strategic Operations Coordinator

Email: [sboucher-sharma@casn.ca](mailto: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 Sharada Boucher-Sharma by email: [sboucher-sharma@casn.ca](mailto:sboucher-sharma@casn.ca).