# CASN letterhead colour**NOMINATION FORM**

# **CASN Accreditation Bureau**

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

**Three Year Term (2022-2025)**

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 at least five years teaching experience in a baccalaureate or graduate program in nursing.
* No member of CASN Council (i.e., voting member of Council) or current director on the CASN board 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.

|  |
| --- |
| **SECTION ONE – CANDIDATE INFORMATION** |

*Please print or type*

**Candidate / Nominee**

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

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

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

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

MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CITY PROVINCE POSTAL CODE

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

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

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

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

|  |  |  |
| --- | --- | --- |
| **QUALIFICATIONS RECEIVED** | **YEAR** | **SCHOOL** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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**

|  |
| --- |
| **NOMINATOR** |

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

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

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

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

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

LANGUAGES: [ ] ENGLISH [ ] FRENCH [ ] BILINGUAL

|  |
| --- |
| **SIGNATURES** |

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

SIGNATURE OF NOMINEE DATE (yyyy/mm/dd)

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

SIGNATURE OF NOMINATOR DATE (yyyy/mm/dd)

Nomination forms must be received **by Sunday, November 13th, 2022** 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).