CPSNL Nomination Form

2025 Election of Council Members

Declaration of First Nominating Registrant

I, _____, CPSNL licence number _____, living or practicing in the community of _____, in the Province of Newfoundland and Labrador, nominate _____ as a candidate for the election of members to Council to be held from **November 5 to December 1, 2025**, to represent the area of (select one only):

- ☐ Health Region 1 – Eastern Urban
- ☐ Health Region 2 – Eastern Rural
- ☐ Health Region 4 – Western
- ☐ Health Region 5 – Labrador-Grenfell

_____ _____

Signature of First Nominating Registrant Date

Declaration of Second Nominating Registrant

I, _____, CPSNL licence number _____, living or practicing in the community of _____, in the Province of Newfoundland and Labrador, nominate _____ as a candidate for the election of members to Council to be held from **November 5 to December 1, 2025**, to represent the area of (select one only):

- ☐ Health Region 1 – Eastern Urban
- ☐ Health Region 2 – Eastern Rural
- ☐ Health Region 4 – Western
- ☐ Health Region 5 – Labrador-Grenfell

_____ _____

Signature of Second Nominating Registrant Date

CPSNL Nomination Form

2025 Election of Council Members

Acceptance of Nomination

I, _____, CPSNL licence number _____, living or practicing in the community of _____, in the Province of Newfoundland and Labrador, accept the above nomination as a candidate for the election of a member to Council to be held from **November 5 to December 1, 2025**, to represent the area of (select one only):

- ☐ Health Region 1 – Eastern Urban
- ☐ Health Region 2 – Eastern Rural
- ☐ Health Region 4 – Western
- ☐ Health Region 5 – Labrador-Grenfell

_____ _____

Signature of Nominated Registrant Date

Deadline for Nominations: 12:30 p.m. on Friday, October 31, 2025

Submit completed Nomination Packages (Nomination Form and Candidate Biography) by:

Email (preferred): elections@cpsnl.ca

Mail: Council Elections 2025
College of Physicians and Surgeons of Newfoundland and Labrador
120 Torbay Road, Suite W100
St. John's, NL A1A 2G8

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Candidate Biography*

(Biographies are distributed to voting registrants prior to the start of the election)

Candidate Name:_____

Education and training:

Practice experience:

Motivation for running:

Additional skills that you can contribute to Council (for example, governance, communication, financial management):

*Adapted from CPSA