

CPSNL Nomination Form

2025 Election of Council Members

Declaration of First Nominating Registrant					
Ι,	, CF	SNL licence number	, living or practicing		
in the community of					
nominate		as a candidate for the elect	ion 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-Gren	fell			
Signature of First Nominating Registrant		Date			
Declaration of Second Nominating Registrant					
l,	, CF	SNL licence number	, living or practicing		
in the community of					
nominate		as a candidate for the elect	ion 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-Gren	fell			
Signature of Second Nominating Registrant		 Date			



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Acceptance of Nomination					
I,, CPSNL licence number _		CPSNL licence number	, living or practicing in		
the community of, in the P		, in the Provir	nce 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 Urb	oan			
	Health Region 2 – Eastern Ru	ral			
	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 <u>and</u> 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):