

2019 Royal College Council Nomination Form

I, _____, a Fellow in the **Division*** of _____ who resides in **Region*** _____ nominate the following individual for election to **Royal College Council** for the 2019-2023 term.

Candidate name		Royal College ID	
Address			
Email		Phone number	

This candidate is a duly qualified Fellow of the Royal College of Physicians and Surgeons of Canada whose consent to act, if elected, is confirmed below.

At least five signatures of Fellows **in the same region and division as the nominee** are required to render a nomination valid.

Royal College ID	Name	Signature	Email address
1.			
2.			
3.			
4.			
5.			

Nominee's consent

I, the undersigned, a Fellow in the Division of _____ of the Royal College of Physicians and Surgeons of Canada, hereby consent to the placing of my name in nomination for election to **Royal College Council** in Region _____, and if elected, I consent to so act. I have also attached my biographical sketch and photo for the consideration of the Fellows.

Signature	
Date	

The deadline for receipt of nominations is **Friday, January 11, 2019**. Nominations may be submitted by email to governance@royalcollege.ca or standard/express mail to the attention of the Governance Unit at 774 Echo Drive, Ottawa, Ont., K1S 5N8.

* The definitions of "Division" and "Region" are indicated in the election material. Fellows residing outside of Canada may make nominations and otherwise participate in a self-designated region for election purposes (Article 11.2.4).