

2019 Nominating Committee nomination form

I, _____, a Fellow in the Division* of _____ who resides in Region* _____ nominate the following individual for election to the Royal College's Nominating Committee 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 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 the Royal College's **Nominating Committee** in Region _____, and if elected, I consent to so act. I have also attached my biographical sketch and photo.

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 materials. Fellows residing outside of Canada may make nominations and otherwise participate in a self-designated region for election purposes (Article 11.2.4).