## NOMINATION FORM FOR NSCP BOARD MEMBER

TERM OF OFFICE - TWO (2) YEARS

CANDIDATE'S NAME:		NSCP#:
ADDRESS:		
PROFESSIONAL QUALIFICATIONS:		
The No	ou may include Board/Assoc. exova Scotia College of Physiotherapists (NSCP) prong the practice of physiotherapy in Nova Scotia to e	perience, interests, election platform, etc.: ects the public by licensing physiotherapists, nsure competent and ethical physiotherapy service.
NOMINATORS:		
Print Name	Email Address	NSCP Membership Number
Print Name	Email Address	NSCP Membership Number
I the undersigned agree t	to be nominated and if elected se	rve as a member of the Board for the NSCP
Print Name	Email Address	 Date