

**NOMINATION FORM FOR NSCP BOARD MEMBER**

***TERM OF OFFICE – TWO (2) YEARS***

**CANDIDATE’S NAME:** \_\_\_\_\_ **NSCP#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PROFESSIONAL QUALIFICATIONS:**

\_\_\_\_\_

**Candidate's Short Bio: you may include Board/Assoc. experience, interests, election platform, etc.:**

The Nova Scotia College of Physiotherapists (NSCP) protects the public by licensing physiotherapists, and regulating the practice of physiotherapy in Nova Scotia to ensure competent and ethical physiotherapy service.

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**NOMINATORS:**

1) \_\_\_\_\_  
Print Name Signature NSCP Membership Number

2) \_\_\_\_\_  
Print Name Signature NSCP Membership Number

**I the undersigned agree to be nominated and if elected serve as a member of the Board for the NSCP**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***RETURN ALL NOMINATIONS TO THE NSCP OFFICE at: office@nsphysio.com  
NOMINATIONS ARE TO BE RECEIVED BY DAYS END (2400 HRS) February 15, 2017.***