

**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                                  Email Address                                  NSCP Membership Number

2) \_\_\_\_\_  
Print Name                                  Email Address                                  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                                  Email Address                                  Date

***RETURN ALL NOMINATIONS TO THE NSCP OFFICE at: [office@nsphysio.com](mailto:office@nsphysio.com)***  
***NOMINATIONS ARE TO BE RECEIVED BY DAYS END (2400 HRS) February 14, 2018.***