



The Canadian Association  
for Enterostomal Therapy  
Association Canadienne  
des Stomothérapeutes

## NOMINATION FORM

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Email \_\_\_\_\_

Home Email \_\_\_\_\_

What is your preferred Email address for us to contact you? WORK HOME

I, \_\_\_\_\_ am offering myself as a candidate for  
election to the following position.

- ( ) President-Elect (2yr then automatically promoted to President (2yr), Past President (1yr)
- ( ) Secretary (2yr term with option to renew 2yrs)
- ( ) Regional Director **Atlantic Regional Director** (2yr term with option to renew 2yrs)
- ( ) Regional Director **Ontario Regional Director** (2yr term with option to renew 2yrs)
- ( ) Regional Director **Prairies/NWT/Nunavut Regional Director** (2yr term with option to renew 2yrs)

Current Position of Employment \_\_\_\_\_

**Involvement as a CAET member (ie. committees, preceptor, special project)**

**Other Professional activities (ie. associations, memberships)**

**Why are you interested in this position and what do you believe you can contribute?**

**What do you see as the future challenges and opportunities for CAET?**

**Please place your electronic signature here**

(sign your signature on a piece of paper, scan the document so that it is online and then cut the signature to place here). Contact Corinne for further information in creating a electronic signature.

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**Please provide the following when submitting your Nomination Form:**

- jpeg picture of self
- Resume/Curriculum Vitae

It is essential that all of the information is submitted by **February 1, 2012** to be eligible for the nomination.

Please forward the completed forms and/or questions to the Nominations:

**Corinne Allen, CAET Nominations Chair**

702 Hermia Crescent,

Trail, BC V1R1B4

250-364-1115

[florenceightingale211@hotmail.com](mailto:florenceightingale211@hotmail.com)