



## *Nova Scotia College of Respiratory Therapists*

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### **NSCRT Board Nominations Form**

Election Year: \_\_\_\_\_

Nominee: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Desired Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please remember to include the following documentation when submitting your nominations form:

- Completed and signed nominations form
- Current curriculum vitae or resume
- A statement outlining the candidate's qualifications, as well as their desire and interest in being a Board member