



2017 Annual Election Nomination Form

This nomination form is to be used to nominate a candidate for election to the Council of the College of Midwives of Ontario (CMO). The form must be signed by at least two (2) members of the CMO who support the nomination and who are eligible to vote.

Nominator #1

Name:

Registration #:

I, the undersigned eligible member with the CMO nominate

_____ as a candidate for election.

Confirmation

I hereby confirm the following (check all boxes that apply to you):

- I hold a certificate of registration other than a certificate in the Transitional class
- My principal place of practice and residence is in Ontario
- I am not in default of any fees or other amounts owed to the CMO
- I am not in default in returning any required form or information to the CMO

Signature:

Date:



Nominator #2

Name:

Registration #:

I, the undersigned eligible member with the CMO nominate

_____ as a candidate for election.

Confirmation

I hereby confirm the following (check all boxes that apply to you):

- I hold a certificate of registration other than a certificate in the Transitional class
- My principal place of practice and residence is in Ontario
- I am not in default of any fees or other amounts owed to the CMO
- I am not in default in returning any required form or information to the CMO

Signature:

Date:



2017 Annual Election Candidate Form

Members, who are nominated as a candidate for election to the Council of the College of Midwives of Ontario, must complete and return this form along with the Nomination Form no later than May 2, 2017.

Nominee's Name:

Registration #:

Confirmation

I, hereby confirm the following (check all boxes that apply to you):

- I hold a certificate of registration other than a certificate in the Transitional class;
- I am not in default of payment of any fees prescribed in the CMO bylaws;
- I am not the subject of any disciplinary or incapacity proceeding;
- I have not been the subject of any professional misconduct, incompetence or incapacity in the preceding six (6) years;
- My certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason other than non-payment of fees;
- My certificate of registration is not subject to a term, condition or limitation imposed by either the Discipline Committee or the Fitness to Practise Committee;
- I have not been a director, Board member, officer or an employee of the Association of Ontario Midwives (AOM) or the Canadian Association of Midwives in the preceding 12 months;



- I have not been director, owner, or board member of an educational institution relating to midwifery in the preceding 12 months;
- I have not served on the CMO Council for more than nine consecutive years;
- I am not a member of a council of any other college regulated under the RHPA;
- I have not been disqualified from the CMO Council within the preceding three (3) years;
- I am not in default of returning any required form or information to the CMO;
- I principally practice and principally reside in Ontario.

Signature: _____

Date: _____

Please return the forms (4 pages) to the Registrar of the College of Midwives of Ontario by mail: 21 St. Clair Avenue East, Suite 303, Toronto, Ontario, M4T 1L9; by fax 416-640-2257 or by email: cmo@cmo.on.ca. **All forms must be received no later than May 2, 2017.**