



2018 Election Nomination Form

Completed forms must be received **no later than May 1, 2018.**

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

Nominator #1

Name: _____

Registration #: _____

I, the undersigned declare that I am an eligible voting member of the College and support the nomination of _____ as a candidate for election.

Eligibility Checklist

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

I hold a current certificate of registration that is not *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 College

I am not in default in returning any required form or information to the College

Signature: _____

Date: _____



Nominator #2

Name: _____

Registration #: _____

I, the undersigned declare that I am an eligible voting member of the College and support the nomination of _____ as a candidate for election.

Eligibility Checklist

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

I hold a current certificate of registration that is not *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 College

I am not in default in returning any required form or information to the College

Signature: _____

Date: _____



2018 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 1, 2018.**

Nominee

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 College 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My certificate of registration has not been revoked or suspended in the preceding six (6) years for any reason other than non-payment of fees;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 College 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 College Council within the preceding three (3) years;

I am not in default of returning any required form or information to the College;

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; or by email: z.grant@cmo.on.ca.

All forms must be received no later than May 1, 2018.