**CADTH Board of Directors**

**Nomination Form**

**Instructions**

More information about the Board and this nominations process is [available on the CADTH website](https://www.cadth.ca/news/board-directors-member-general-public-call-nominations).

Completed nomination packages must be submitted to CADTH either directly by the nominator or by the nominee no later than **5:00 p.m. EDT on April 29, 2016**, via:

* Email: [requests@cadth.ca](mailto:requests@cadth.ca)
* Mail or courier: 600-865 Carling Avenue, Ottawa, ON, K1S 5S8
* Fax: (613) 226-5392.

Should you have questions, please submit by email to [requests@cadth.ca](mailto:requests@cadth.ca)

Note that applications must include the following:

Completed Nomination Form, signed and dated

Statement of interest

Signed Mutual Commitments on Conduct Form.

**Please provide the following information:**

|  |  |
| --- | --- |
| **Nominator Information (Not Required for Self-Nomination)** | |
| Name |  |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information** | |
| Address |  |
| Telephone |  |
| Email |  |
| **Background** | |
| Occupation and employer (or previous occupation and employer, if retired) |  |
| Relationship to nominee |  |
| **Nominee Information** | |
| Name |  |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information** | |
| Address |  |
| Telephone |  |
| Email |  |
| **Background** | |
| Current occupation and employer (or previous occupation and employer, if retired) |  |

**Referring to the CADTH Board of Directors Conflict of Interest policy, nominees are required to identify any potential conflicts of interest that could arise in the course of the Board’s business.**

**The nominee is required to provide a statement of interest that describes why they are interested in the role and what qualifications and/or experience they would bring to the role and to the Board of Directors (maximum 500 words).**

**References**

The nominee is required to provide at least two references.

|  |  |
| --- | --- |
| **Reference #1** | |
| Name |  |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information** | |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to nominee |  |
| **Reference #2** | |
| Name |  |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information** | |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to nominee |  |

**For nominator, if applicable:**

Signature of nominator: Click here to enter text. Date: Click here to enter text.

**For nominee:**

I agree to allow my name to stand for nomination to the CADTH Board of Directors. I have reviewed the nomination package and understand the roles and responsibilities of Directors.

I acknowledge that this form and all other materials received as part of the nomination may be kept on file by CADTH.

Signature of nominee: Click here to enter text. Date: Click here to enter text.