



College of Traditional Chinese Medicine  
Practitioners and Acupuncturists of Ontario

Ordre des praticiens en médecine traditionnelle  
chinoise et des acupuncteurs de l'Ontario

## **NOMINATION PACKAGE BY-ELECTION DISTRICT 2 – CENTRAL EAST**

Members wishing to run for election to Council must complete all sections of the nomination package and submit it as **one file**:

- SECTION A. Nomination Form
- SECTION B. Candidate's Eligibility for Election
- SECTION C. Conflicts of Interest Disclosure
- SECTION D. Candidate's Statement
- SECTION E. Agreement to Perform Duties of Members of Council  
(Optional – High-resolution head shot photograph in .JPEG or .PNG format)

### **ATTENTION**

- Late or incomplete submissions will not be considered.
- All information must be in English or French.
- Electronic signatures are allowed.
- Ensure that you have signed and had witnessed the *Agreement to Perform the Duties of Members of Council*.
- A high-resolution head shot photograph may be included with your nomination package. The image will be sent to all eligible members to vote.
- The information provided in your Candidate's Statement will be presented as submitted.
- A link to your professional profile on the College's public register will be included in the election package.

### **DATES AND DEADLINES**

<b>Nominations due</b>	<b>November 8, 2018</b>
<b>First day to vote</b>	<b>December 7, 2018</b>
<b>Last day to vote</b>	<b>January 7, 2019 at 5:00p.m. EST</b>

### **METHODS OF SUBMISSION**

<b>Email (preferred)</b>	<b>Registrar@ctcmpao.on.ca</b>
Mail	College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario 705 – 55 Commerce Valley Drive West Thornhill, ON L3T 7V9
Fax	(416) 214 - 0879

### **LINKS TO THE FOLLOWING DOCUMENTS**

[Eligibility for Election](#)  
[Confidentiality](#)  
[Code of Conduct for Members of Council](#)  
[Time Commitment and Responsibilities](#)  
[Conflicts of Interest](#)  
[Remuneration Information](#)

(.PDF requires [Adobe Acrobat Reader](#))

For more information, visit our website at [www.ctcmpao.on.ca/member/election](http://www.ctcmpao.on.ca/member/election).

**SECTION A. NOMINATION FORM**

I, the undersigned, consent to my nomination as a candidate for election to the Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO) and affirm that all the information provided by me is, to the best of my knowledge, complete and accurate. By signing this form, I authorize CTCMPAO to verify any or all information provided by me to support my nomination.

**Candidate Name:** \_\_\_\_\_ **Registration No.:** \_\_\_\_\_  
(Please Print)

**Signature:** \_\_\_\_\_ **District:** 2 – Central East

**CONTACT INFORMATION**

<b>Business Address – please print</b>		
Name of Employer/Business/Owner's Name		
Address (include Suite #, P.O. Box, RR #)		
City	Province	Postal Code
Telephone	Fax	
Email		
<b>Home Address – please print</b>		
Address (include Suite #, P.O. Box, RR #)		
City	Province	Postal Code
Telephone	Fax	
Email		

**SUPPORTING MEMBERS**

Three other CTCMPAO members from District 2 may support your nomination. You may submit a separate form for each nominator as necessary.

I, the undersigned, as a member of College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario, nominate \_\_\_\_\_,  
(Name) (Registration No)

as a candidate for election to Council in District 2.

1. Member Name	_____	Registration No.	_____
Signature	_____	District No.	2 – Central East
2. Member Name	_____	Registration No.	_____
Signature	_____	District No.	2 – Central East
3. Member Name	_____	Registration No.	_____
Signature	_____	District No.	2 – Central East

## SECTION B. ELIGIBILITY FOR ELECTION

**You must indicate that you are eligible to run for election to Council and meet all eligibility criteria. Please check each box that applies to you.**

**I confirm the following:**

I currently hold a valid General class certificate of registration with CTCMPAO;

I am eligible to vote in the electoral district in which I seek nomination;

I am not the subject of any disciplinary or incapacity proceedings by a body that governs a profession, inside or outside of Ontario;

I have not had a finding of professional misconduct, incompetence or incapacity made against me in the preceding six years by a body that governs a profession, inside or outside of Ontario;

A period of six years has elapsed since I complied with all aspects of an order imposed by the Discipline or Fitness to Practice Committee or by a similar committee of a body that governs a professional, inside or outside of Ontario;

I have not had my certificate of registration revoked or suspended in the six years preceding the date of nomination;

I am not subject to any order, direction, or term, condition and limitation of the Discipline Committee, the Fitness to Practise Committee or the Quality Assurance Committee or by a similar committee of a body that governs a profession, inside or outside of Ontario;

I am not in default of payment of any fees to the College;

I am not now nor have been at any time within the last two years, a director, owner, board member or officer or employee of any Professional Association;

I am not now nor have been at any time within the last two years, a director, owner, board member or officer of an educational institution relating to Traditional Chinese Medicine;

I have not been disqualified from the Council or a Committee of the Council in the preceding three years;

I have not resigned from the Council in the preceding three years;

I do not have a conflict of interest to serve as a member of a Committee or I agreed to remove any such conflict of interest before accepting an appointment;

I am not a member of the Council or of a Committee of any other college regulated under the RHPA;

I have not been a member of the staff of the College at any time within the preceding one year;

I have not initiated, joined, continued or materially contributed to a legal proceeding against the College or any Committee or representative of the College.

I hereby affirm that I am eligible to be nominated for election to CTCMPAO Council in District 2.

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Signature

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Date

**SECTION C. CONFLICTS OF INTEREST DISCLOSURE**

All members of Council have a duty to carry out their responsibilities to serve and protect the public. As such, they must not engage in any activities or in decision-making of any matters where they have a personal or financial interest, whether directly or indirectly.

- A conflict of interest may include you or one of your family members i.e. parent, spouse, child or sibling. The term “spouse” includes a common-law Spouse and a same sex partner.
- When completing the form please include the name of person who may have the conflict, where the conflict is i.e. an association, employment etc., what is the role or relationship, the date started and check if you know it is a conflict, you are sure it is not a conflict but want everyone to be aware of the situation or if you are unsure.
- When completing Past Affiliation, please include the date the affiliation with the association ended.

A potential conflict of interest does not mean you may not run for election, it just needs to be declared.

I hereby disclose that I, or one of my family members (parent, spouse, child or sibling), has the following current or recent affiliations, interests or relationships:

Name	Current Affiliation	Role/Relationship	Starting Date	Conflict		
				Yes	No	Unsure

Name	Past Affiliation	Role/Relationship	Starting Date	Conflict		
				Yes	No	Unsure

I hereby affirm that the information provided on this form is a complete and accurate statement of any actual, potential or reasonably perceived conflict of interest(s) affecting me as a candidate for the College’s Council of which I am aware at this time.

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 Signature

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 Date

**SECTION D: CANDIDATE STATEMENT**

- Your Candidate Statement should outline your strengths, achievements and professional contributions which you believe qualify you for a position on Council.
- The Candidate statement must not be more than 200 words.
- All members of Council act in the public interest. Your Candidate Statement cannot promise/commit to changing CTCMPAO By-Laws, Regulations, Policies and Standards of Practice. In addition, your statement should not promote or advocate for the self-interest of the profession.
- The statement should be self-contained; it cannot direct members to other sources of information.
- Please proofread your statement thoroughly before submitting it along with the rest of the Nomination Package as it will be **posted online exactly as submitted**.

I hereby affirm all information to be correct and true:

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Signature

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Date

**SECTION E. AGREEMENT TO PERFORM THE DUTIES OF MEMBERS OF COUNCIL**

I, \_\_\_\_\_ Registration No. \_\_\_\_\_  
(Print Name of Candidate) (Print Registration No.)

do hereby agree that, if I am declared elected as a member of the Council of the College, I shall:

- i. faithfully and impartially, to the best of my knowledge and skill, perform the duties of a member of the Council of the College and any committees of the Council on which I sit;
- ii. ensure that the guiding principle in the performance of my duties is the duty to serve and protect the public interest, which is my duty as a Council member and the mandate of the College;
- iv. perform the duties of my position without favour or ill will to any person or entity; and
- v. ensure that other memberships, directorships, voluntary or paid positions or affiliations that I may hold or am holding will not interfere or conflict with the performance of the duties as a Council member.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Candidate Name

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Witness Signature