



**NOMINATION FORM**

\_\_\_\_\_ is hereby nominated for election to  
Name of Candidate for Nomination

Council of the College of Audiologists and Speech – Language Pathologists of Manitoba, in the Electoral District indicated:

<b>DISTRICT</b>	<input type="checkbox"/> 1. Urban	<b>PROFESSION</b>	<input type="checkbox"/> 1. Audiologist
	<input type="checkbox"/> 2. Rural		<input type="checkbox"/> 2. Speech – Language Pathologist

**I consent to this nomination.**

SIGNATURE of Nominee: \_\_\_\_\_ DATE: \_\_\_\_\_

CASLPM Registration #: \_\_\_\_\_ Profession: \_\_\_\_\_

**Support for Nomination**

1. PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASLPM #: \_\_\_\_\_ District: \_\_\_\_\_ Profession: \_\_\_\_\_

2. PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASLPM #: \_\_\_\_\_ District: \_\_\_\_\_ Profession: \_\_\_\_\_

3. PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CASLPM #: \_\_\_\_\_ District: \_\_\_\_\_ Profession: \_\_\_\_\_

**Background Information**

1. Please attach a copy of your most current resume to this nomination form.
2. Please state your understanding of the purpose of CASLPM:

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3. Please provide some information on how your background and expertise will benefit CASLPM's Council:

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4. As a Council member it is a requirement to sit on legislated College committees. Please checkmark committees that you feel your expertise aligns with. These are the following CASLPM committees:

- Continuing Competency Committee
- Complaints Investigation Committee
- Inquiry Committee
- Executive Committee
- Practice Advisory Committee
- By-Law and Policy Review Committee

Please briefly explain how you feel your expertise aligns with each of the committees on which you have expressed interest in serving on:

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