

CANDIDATE (REGISTRANT) INFORMATION

(Name of Candidate for nomination) _____ is hereby nominated and consents to election to Council of the College of Audiologists and Speech-Language Pathologists of Manitoba, in the Electoral District indicated below.

DISTRICT	Urban	PROFESSION	Audiologist
	Rural		Speech-Language Pathologist

SIGNATURE OF NOMINEE _____ CASLPM # _____

You agree your electronic signature is the legal equivalent of your manual signature on this document.

DATE _____

SUPPORT FOR NOMINATION

1. NAME _____ CASLPM # _____

SIGNATURE _____ DATE _____

You agree your electronic signature is the legal equivalent of your manual signature on this document.

Audiologist

Speech-Language Pathologist

2. NAME _____ CASLPM # _____

SIGNATURE _____ DATE _____

You agree your electronic signature is the legal equivalent of your manual signature on this document.

Audiologist

Speech-Language Pathologist

3. NAME _____ CASLPM # _____

SIGNATURE _____ DATE _____

You agree your electronic signature is the legal equivalent of your manual signature on this document.

Audiologist

Speech-Language Pathologist

BACKGROUND INFORMATION

1. Please include your most current resume.
2. Please state your understanding of the purpose of CASLPM.
3. Please provide some information on how your background and expertise will benefit CASLPM's Council.
4. As a Council member it is a requirement to sit on legislated College committees. Please select the committees that you feel your expertise aligns with.
 - Continuing Competency Committee
 - Complaints Investigation Committee
 - Inquiry Committee
 - Executive Committee
 - Practice Advisory Committee
5. Briefly explain how you feel your expertise aligns with each of the committees on which you have expressed interest in serving on.