

SCO Elections 2024:

Candidate Nomination Form for Council

Candidate Information			
Full Name:	<input type="text"/>	Candidate Province:	<input type="text"/>
Personal email:	<input type="text"/>	Business Email:	<input type="text"/>
Home Address:	<input type="text"/>	Business Address:	<input type="text"/>
Home City:	<input type="text"/>	Business City:	<input type="text"/>
Home Prov/PO:	<input type="text"/>	Business Prov/PO:	<input type="text"/>
Home Tel:	<input type="text"/>	Business Tel:	<input type="text"/>
Optician	<input type="checkbox"/> LO	Contact Lens Practitioner	<input type="checkbox"/> LCLP
Licence Number (LO)	<input type="text"/>	Licence Number (LCLP)	<input type="text"/>

Nomination

We, the undersigned registrants of the Saskatchewan College of Opticians, nominate a candidate (candidate's name) for election to the Council and are eligible to do so

PLEASE NOTE:

- The nominators must be Licensed Opticians/ Contact Lens Practitioners (who are Active members). They must principally reside in the candidate's province.
- The nomination form must bear the signatures and License numbers at least two Licensed members (Opticians/ Contact Lens Practitioners)

1. Nominator's Name:	<input type="text"/>	License Number LO	<input type="text"/>
		LCLP	<input type="text"/>
Home address:	<input type="text"/>	Business Address:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

2. Nominator's Name:	<input type="text"/>	License Number LO	<input type="text"/>
		LCLP	<input type="text"/>
Home address:	<input type="text"/>	Business Address:	<input type="text"/>
Signature:	<input type="text"/>	Date:	<input type="text"/>

I have enclosed or will provide the following to the College:

Documents Requirements	Provided	Not Provided	Internal Use Only
Nomination Form signed by at least Licensed Registrant members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Passport-Size Photo of Candidate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>
Personal bio of Candidate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>

If Photo not provided, can college use the existing photo from your file Yes No

By signing, I consent to my nomination as a candidate for election to the Council of the Saskatchewan College of Opticians. I certify that the above declarations are true and correct to the best of my knowledge and that I have read, understood and met all the requirements for nomination as provided under the Saskatchewan College of Opticians Act and Bylaw of the college.

Signature of candidate:

Date:

For Office Use Only:

Candidature Accepted for election Yes No

Date: