**Operating Room Nurses Association of Ontario ( ORNAO)**

Submission Deadline: May 1, 2023

**Nomination Acceptance**

I, Click or tap here to enter text., agree to stand for election for the following position. I confirm that I meet the requirements for election (a) I am a current ORNAC/ORNAO member (b) am a resident of Canada, (c) am not a consultant of the corporation, and (d) do not work for a sole manufacturer that supoplies products for operating room care (e) will provide a Consent to Serve.

**ORNAO Executive Position:**

President-Elect (2 year term then automatically appointed by the Board to President (2 years), Past President (1 year)

Secretary (2 year term with an option to run for a second 2 year term)

Treasurer (2year term with an option to run for a second 2 year term)

**Regional Representative of:**

* LORNA ( LAKEHEAD OPERATING ROOM NURSES ASSOCIATION)
* L&DORNA ( LONDON & DISTRICT OPERATING ROOM NURSES ASSOCIATION)
* NOORNA ( NORTHERN ONTARIO periOPERATIVE REGISTERED NURSES ASSOCIATION)
* ORNAHD ( OPERATING ROOM NURSES ASSOCIATION OF HAMILTON & DISTRICT)
* ORNASCO ( OPERATING ROOM NURSES ASSOCIATION OF SOUTH CENTRAL ONTARIO)
* ORNGT (OPERATING ROOM NURSES OF GREATER TORONTO)
* ORORNA ( OTTAWA REGIONAL periOPERATIVE REGISTERED NURSES ASSOCIATION)
* SCORNA ( SUNSET COUNTRY OPERATING ROOM NURSES ASSOCIATION)
* SENORA ( SOUTH EASTERN NURSES OPERATING ROOM ASSOCIATION)
* WDPONA (WINDSOR & DISTRICT periOPERATIVE NURSES ASSOCIATION)

All nominees must complete the following and information MUST be returned via e mail by May 1, 2023 to Nominations Chair: Debra Bastone, RN, BScN, CPN (C) at e mail nominations@ornao.org

**Nomination Acceptance**

**Name:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Telephone:** Click or tap here to enter text. :

**Work Email:** Click or tap here to enter text.

**Home Email :** Click or tap here to enter text.

As a nominee together with this form you must also include:

* a short biography (no more than (250 words) which includes:
  + an outline of education/experience/professional activities
* a recent head and shoulders photograph. Attach picture to an email as **jpeg** file
* signed Consent to Serve

**PLEASE NOTE:**

* **Information about a candidate and his/her photograph may be posted on the ORNAO Website during a voting period.**
* **A Nominee can only accept (1) position**

**Please return completed information via e mail to Nominating Committee Chair Debra Bastone RN, BScN, CPN(C) at e mail nominations@ornao.org**