



**2023-2026 Central Ontario District (Postal Code L – seat 1) Representative  
Nomination Form**

The completed nomination form (**3 pages**), together with the required documents, should be submitted by email to [elections@opatoday.com](mailto:elections@opatoday.com) no later than **5:00 p.m. on Thursday, March 16, 2023**.

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**NOMINEE INFORMATION:**

Name: \_\_\_\_\_ OPA member #: \_\_\_\_\_

Address: \_\_\_\_\_

Organization: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

**SIGNATURES OF NOMINATORS:** *(Please print your full name)*

(1) Name \_\_\_\_\_ Signature \_\_\_\_\_ OPA member #: \_\_\_\_\_

(2) Name \_\_\_\_\_ Signature \_\_\_\_\_ OPA member #: \_\_\_\_\_

(3) Name \_\_\_\_\_ Signature \_\_\_\_\_ OPA member #: \_\_\_\_\_

**Important Notes:**

1. The nominee must be a current member of the Ontario Pharmacists Association (OPA)
2. The nominee must commit to a term beginning May 11, 2023.
3. Nominee certifies that they meet the "Qualifications" provisions under By-law Section 5.03
4. All nominators must be current members of OPA from Central Ontario District (Postal Code L).

*(handwritten or electronic signatures will be accepted)*

1. Why do you want to become a member of the OPA Board of Directors?

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2. What specific skills, competencies or expertise would you bring to the Board?

- |  |   |
|--|---|
| <input type="checkbox"/> Pharmacy practice   | <input type="checkbox"/> Advocacy                                 |
| <input type="checkbox"/> Strategy  | <input type="checkbox"/> Risk Management                          |
| <input type="checkbox"/> Technology/Digital  | <input type="checkbox"/> Director training and development        |
| <input type="checkbox"/> Audit and finance   | <input type="checkbox"/> Third party payors, specific to pharmacy |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Media / Communications                   |
| <input type="checkbox"/> Human resources, areas around legislation and regulatory compliance |   |
| <input type="checkbox"/> Membership recruitment and retention                                |   |
| <input type="checkbox"/> Other skills you feel may be an asset to OPA: _____                 |   |

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3. Describe any previous Board experience (organization, role and years of service):

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4. Describe your volunteer experience (organization, role and years of service):

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5. Board members are required to: prepare for and attend in person four Board meetings per year; prepare for and attend the Annual General Meeting; liaise with their district members on an on-going basis; serve on at least one Board committee; and be available for teleconferences and other Association work as needed. Is this a commitment you can make?

- YES                       NO

6. Please indicate which board committee(s) is/are of most interest to you: *\*(while every effort will be made to place you on a committee of your choice, you may be required to serve on other committees as needed).*

[Audit and Finance](#)

[Governance and Nominating](#)

7. Please describe any other experience you consider relevant:

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**Note for Nominee:**

For this application to be valid, please submit the following documents **together with this form:**

1. a digital head and shoulder photo of at least 300 dpi (colour or black and white);
2. a statement of not more than 120 words (including headings, titles, etc.) containing biographical information about yourself;
3. an election statement that indicates how you would represent your constituents on the OPA Board of Directors. **Note: Material that is considered inappropriate by the OPA will be returned for revision. Please refer to the [Election Guide](#) for more information.**

**This nomination is placed with my consent. I acknowledge that I am eligible and qualified for this nomination and that I have read and understand the Charter of the Board of Directors and the duties of an OPA Director.**

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**(SIGNATURE OF NOMINEE)**

*(handwritten or electronic signatures will be accepted)*