



**2023-2026 Western Ontario District (Postal Code N) Representative
Nomination Form**

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

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 Western Ontario District (Postal Code N).

(handwritten or electronic signatures will be accepted)

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

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: _____ | |

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

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

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:

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.

(SIGNATURE OF NOMINEE)

(handwritten or electronic signatures will be accepted)