



CACCN NATIONAL BOARD OF DIRECTORS NOMINATION FORM

Each Nominee and Nominator must be a registered nurse, possessing a valid registered nursing license who is no less than 18 years of age and who must meet the criteria for an active/current member of the Association. This form must be signed and included with the Online Application.

Nominator

CACCN Contact ID Number (if known): _____

Nominee: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

As an active/current member of the CACCN, I hereby **nominate** the following member for the CACCN Board of Directors.

(name of nominee)

Signature _____ Date: _____

CACCN may contact the nominator to confirm support for the nomination.

Nominee (member standing for election)

CACCN Contact ID Number (if known): _____

Nominee: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

I hereby acknowledge and give my **consent to stand as a nominee** for the CACCN Board of Directors.

Signature _____ Date: _____

All nominations must be submitted via the online application process.
All nominations must be received by October 1, 2025 @ 1600 hrs ET
Electronic Signatures accepted. Signature should be a **replica** of the actual signatures.