

Council Member Candidate Nomination Form

The nominee must:

- Be on the Register of Dental Hygienists (practicing or non-practicing)
- Be in good standing on the date of the election
- Have practiced as a Dental Hygienist in Canada for a minimum of two (2) years
- Not currently be, or have been in the past 12 months, a Director, or Officer of the Manitoba Dental Hygienists Association

Nominations must be supported by at least three (3) voting members, together with the written consent of the person nominated. Voting members are defined as those individuals on the Register of Dental Hygienists (practicing or non-practicing).

three (3) year term on CDHM	_			_ for a
Supported by		Reg. No	Signature	
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Supported by		Reg. No	_Signature	
I, accept this nomination. I al for review and consideration			e my name and biographical inf	ormation
Reg. No	Signature			

EACH NOMINEE MUST SUBMIT:

- Nomination Form
- Biography Form

Nominee submissions must be received by email, by Friday August 23rd, 2024. Submit to: CDHM Council Development Committee

Email forms to: sklippenstein@cdhm.info and/or cdhm@cdhm.info

or,

Mail forms to: 610-1445 Portage Avenue

Winnipeg, Manitoba

R3G 3P4



Council Member Candidate Biography Form

Name: Address:	I am interested in the following position: CDHM Council Working Group/Committee Individual tasks/events
Telephone: Home/Cell: W	'ork:
Email:	
Education: Dental Hygiene Program/Institution: Year of graduation: Other Relevant Post-Secondary Education:	
Dental Hygiene Professional Experience(s):	
Please include practice settings and areas of responsibili	у.
Volunteer and/or Professional Activities:	
Please include past or present experiences on Board(s), (Council(s), or Committee(s).



Council Member Candidate Biography Form

Expression of Interest: Please include an explanation of why you are standing for election to the Council or for appointment to a committee; why you are interested in serving; and, what you hope to accomplish. Use additional space if necessary.							