



### NOMINATION FORM – BOARD MEMBER

Please send completed forms to one of the following:

202 – 245 Menten Place, Ottawa ON, K2H 9E8

Email: [gtorkhani@ccpa-accp.ca](mailto:gtorkhani@ccpa-accp.ca)

Name of nominee: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Telephone: Business: \_\_\_\_\_

Residence: \_\_\_\_\_

Fax: \_\_\_\_\_

Nominators<sup>1</sup>: 1. \_\_\_\_\_

2. \_\_\_\_\_

*[Note: Whether the nominee is self-nominating or nominated by another CCPA member, two (2) signatures other than the nominee must appear above.]*

Position sought:  Board member (please specify area of representation) \_\_\_\_\_

President-Elect

Métis Director (must self-identify as being Métis)

Inuit Director (must self-identify as being Inuit)

CCPA Membership #: \_\_\_\_\_

Certified Canadian Counsellor #: \_\_\_\_\_ OR  not applicable

Years of counselling experience: \_\_\_\_\_

Years as counsellor supervisor/educator: \_\_\_\_\_

Highest level of academic achievement in counselling area: \_\_\_\_\_

<sup>1</sup> **For the position of Board Member**, nominators must be two (2) voting members of CCPA (other than the nominee) and must be from the region for which you are applying; each nominator's name must be printed followed with his/her signature. **For the positions of President-Elect, First Nation, Métis, and Inuit Directors**, nominators must be two (2) voting members of CCPA in Canada.

Relevant skills related to volunteer boards (check as many as apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Policy development/governance | <input type="checkbox"/> Advocacy        |
| <input type="checkbox"/> Financial oversight/budgeting | <input type="checkbox"/> Media relations |
| <input type="checkbox"/> Research and planning         | <input type="checkbox"/> Outreach        |
| <input type="checkbox"/> Collaborative problem-solving | <input type="checkbox"/> Other: _____    |

Memberships in Counselling and Psychotherapy-related Associations:

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YES    NO   The CCPA may contact above-named Associations for confirmation of status.

If no, please indicate the individual that you prefer CCPA contacts for status confirmation.

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**Geographic location (current):**  
Province/Territory: \_\_\_\_\_

**Geographic Location (experience):**  
Provinces/Territories/Countries: \_\_\_\_\_

Community (current):  
 remote  
 urban  
 suburban  
 rural  
 other: (e.g., reserve, colony)  
\_\_\_\_\_

Community (experience):  
 remote  
 urban  
 suburban  
 rural  
 other: (e.g., reserve, colony)  
\_\_\_\_\_

Language (speak, write, and understand):  
 English  
 French  
 Other: \_\_\_\_\_

Curriculum Vitae:    YES    NO   (Nominations will not be processed without a current CV)

Previous CCPA Involvement or Board experience (please include dates):

Why do you wish to become part of the CCPA Board?

Additional Comments: