

Election to the Board of Directors 2023

CALL FOR NOMINATIONS

This is the call for Nominations to the Board of Directors. There are **3** seats available on the board this year. The Nomination Form and Application package for Directorship on the Division Board are attached for your convenience. Members are encouraged to participate in the election process.

IMPORTANT: MEMBER VOTING INFORMATION

1. The nominations and election process will be conducted in accordance with the provisions of the SIDFP Board of Directors Nomination and Election Policy.
2. Only current voting members of the SIDFP who are in good standing are eligible to nominate a qualified Member for election as a Director or be nominated or vote in the election of Directors as determined by the organization's membership list.
3. Members will exercise their voting privilege ahead of the Annual General Meeting through an online voting platform. Nominees agree to make themselves reasonably available to the Nominations Committee and the membership ahead of the election opening for any questions.
4. Nominations to the Board from the membership must be received by **4:00 p.m. August 31, 2023**. The Nomination form and Application for Directorship are attached. **Nominations received after the deadline will not be accepted.**
5. If an election is to be held, Nominee information will be included with the AGM package and posted on the Division website. These packages will include the Nominee Application, Biography with a photo, and the Declaration of Competing Interests.

NOMINATION FORM

We, being members of the South Island Division of Family Practice, hereby nominate _____ for the position of Director on the South Island Division of Family Practice, as of the close of the 2023 Annual General Meeting to be held in Victoria, BC. Nominees agree to make themselves reasonably available to the Nominations Committee and the membership ahead of the election opening for any questions.

Each nominee must have two members in good standing nominate them.

The deadline for nominations is 4:00 p.m. on August 31, 2023.

Name of Nominator (Please print)	Date Signed	Signature of Nominator

Nominee's consent:

I hereby consent to be nominated for the position of Director on the Board of South Island Division of Family Practice and declare I am qualified to hold the position in accordance with the Constitution and Bylaws of the South Island Division of Family Practice.

Name: (Please print) _____

Address: _____

Phone Number: _____ Signature: _____

Email: _____ Date signed: _____

Provide a (maximum) 250-word bio that **will be published** as part of the election package that goes to the members and on the Division's website. We also request a head/shoulders photograph for the election package both to be included with this nomination form and your application for Directorship.

Please submit the Nomination form and Application for Directorship by **4:00 p.m. August 31, 2023. Email your completed Nomination form and Application for Directorship to: info@sidfp.com** or submit by mail to: South Island Division of Family Practice, 201-4480 West Saanich Rd., Victoria, B.C. V8Z 3E9 or by fax: 250-658-3304.

NOMINEE'S BIOGRAPHY

(Maximum 250 words. Please include a head/shoulders photo)

DECLARATION OF COMPETING INTERESTS

Please answer the following questions:

- 1. Do you currently accept or have you in the past five years accepted funding from a pharmaceutical company, Information Technology company, Medical Supply company or community based medical organization for any of the following:

Funding Type:

Organization:

A fee for speaking?

A fee for organizing education?

Funds for research?

Financial support for a member of your staff?

Fees for Consulting?

Purchase of or maintenance of IT equipment

- 2. Do you hold any stocks or shares in any organization that may in any way gain or lose financially from your work with the Division?

YES: _____ NO: _____

- 3. Do you hold a University appointment?

YES: _____ NO: _____

- 4. Do you sit on any boards of health care organizations or community organizations or societies that may gain or lose financially from your work with the Division?

YES: _____ NO: _____ IF YES, PLEASE SPECIFY: _____

DECLARATION OF COMPETING INTERESTS CONT'D

5. Do you hold any leadership positions in any health care organizations or community organizations or societies that may gain or lose from your work with the Division?
YES: _____ NO: _____ IF YES, PLEASE SPECIFY: _____

6. Do you have any other competing financial interests?
YES: _____ NO: _____ IF YES, PLEASE SPECIFY: _____

I, _____ have read the above questions, understood them, and hereby certify that my answers are true and correct to the best of my knowledge. I understand that any misrepresentation, falsification, or omission of any facts, will render this pledge void.

SIGNATURE: _____

WITNESS NAME: _____

WITNESS SIGNATURE: _____

DATE: _____