



Canadian  
Patient  
Safety  
Institute

Institut  
canadien  
pour la sécurité  
des patients

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## 2010-2012 CPSI Board Nomination Form

**PLEASE COMPLETE THIS FORM ELECTRONICALLY & RETURN BY FAX, EMAIL OR MAIL**

The Nominating Committee of the Canadian Patient Safety Institute is inviting CPSI Voting Members to nominate individuals to serve on the CPSI Board. To nominate an individual, please complete the form.

Please DO NOT attach copies of the nominee’s curriculum vitae or biography to the application form.

Name of CPSI Voting Member Organization:	
Officer of Organization Submitting Nomination:	
I, as a registered Voting Member of the Canadian Patient Safety Institute, wish to nominate on behalf of my organization, the following person for election to the Board of CPSI for a two-year term (2010-2012).	
<b>Candidate Name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>Email:</b>	

### - CONSENT -

I, the undersigned, have also contacted and advised the nominee that he/she has been nominated as a candidate for election to the Board of Directors of CPSI, and that, if elected, he/she consents to so act.

Signature:

Date:

**Nominee Information :**

Chronology of relevant work experiences and outcomes (*employer, title/position, dates*) - *maximum 100 words*:

Community involvement (*name of organization, role*) - *maximum 100 words*:

Previous Board Experience (*name of organization, role, dates*):

Why is the nominee being put forward for consideration? (*maximum 100 words*)

What are the three most important competencies that the nominee will bring to the CSPI Board? (*maximum 100 words*)

How will the nominee demonstrate commitment to CPSI? (*maximum 100 words*)

Three references who may be contacted regarding the nominee (*include contact information*):

Geography (insert province of territory of nominee):

Gender	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Bilingual capability	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Cultural and ethnic diversity (insert comments):

Age	<input type="checkbox"/>	<40	<input type="checkbox"/>	40-65	<input type="checkbox"/>	>65
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In addition to Board Meeting attendance (4 or 5 meetings annually, half of which are held in Edmonton), is the nominee prepared to participate in Board Committees, play an “ambassador role” for CPSI and have a presence at key forums?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Comments:				

All Directors should have effective Board contribution skills, as demonstrated by the ability to think strategically, be respectful of new ideas, apply sound wisdom and judgment, share a core set of values, and communicate effectively (listen actively, ask quality questions, offer insights, be persuasive, and challenge others in a non-personal way). Please provide any additional comments you feel may be useful in assessing the Nominee for the CPSI Board:

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**Deadline for receipt of registration forms is August 20, 2010. Nominations may be submitted by fax, email, or by standard/express mail to:**

**Wendy Nicklin, Nominating Committee**  
**Canadian Patient Safety Institute**  
**Suite 1414, 10235 – 101 Street, Edmonton, Alberta, T5J 3G1**  
**Telephone: 1-780-409-8090; Fax: 1-780-409-8098**