

2024 Election: Candidate Application Form

This form must be submitted by e-mail to governance@physiotherapy.ca by **March 22, 2024, at 11:59 PM EST.**

Nominations will be accepted in either English or French; CPA will translate the English submissions into French and the French submissions into English, so they are each available in both languages.

Candidate Full Name:

Home Address:

Phone Number:

E-mail Address:

Please list any professional designations, licenses, or affiliations that you hold.

Each nominee must complete and sign this form and submit it to the Nominations Committee along with a **résumé**. Nominees may further submit:

- A **campaign platform** describing what the nominee would like to do to further the objectives of the CPA – this material may be as detailed or specific as the nominee desires
- A **headshot** photo
- A **biography** of the nominee (maximum 300 words)
- **Testimonials/references** from other organizations or other individuals

1. Select your current membership sub-category (please check a box below):

Full Member

Physiotherapist Assistant Member

Physiotherapy Technologist Member

I am not a Member



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2. Confirm your eligibility to serve as a Director (please check all that apply):

I am 18 years old or older

I do not belong to a student membership sub-category

I am not a member (elected or appointed) of any council, board or committee of a physiotherapy regulatory body

I am not a Director of a Branch and I do not hold an elected or appointed executive position (such as Chair, Treasurer, Secretary, etc.) with a Division

I do not have the status of a bankrupt

I am not incapable (as the term 'incapable' is defined in the *Canada Not-for-Profit Corporations Act*)

3. If you did not meet one or more of the eligibility criteria listed above, you may still stand for election or appointment to the Board but you must become eligible within fourteen (14) days after being elected. If this situation applies to you, please describe how you intend to become eligible:

4. Please describe why you are interested in serving as a Director of the CPA:

5. Please provide a brief summary of any previous experience with the CPA:



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6. Estimate your level of commitment, skill or expertise in each of the following areas (please be honest):

Skillset/Expertise	Level of Experience
Support of the CPA's objectives	
Experience on Not-for-Profit Boards	
Private health system experience	
Public health system experience	
Finance/accounting	
Insurance background (long-term disability, extended health benefits, preventative care, etc.)	
Innovation, connected healthcare, technology, IT	
Diversity, equity, inclusion, and accessibility	
University, academia, research, continuing education	
Previous work experience with regulators (physiotherapy, physicians, etc.)	
Fundraising	
Marketing/sponsorship	
Health human resource planning/human resources	
Leadership	
Legal	
Lobbying/advocacy	
Media/public relations	
Organizational management	
Risk management	
Strategic planning	
Union representation	
Indigenous knowledge	
Physiotherapy in rural communities	
Corporate Canada	
Canadian Medical Association	
Government/public service	
Military/veterans	



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7. Please highlight additional skills or competencies that would contribute to the effective leadership and governance of the CPA:

8. Please provide a brief summary of your experience with other professional associations:

9. Please provide a brief summary of your experience with voluntary or community organizations:

10. Please describe any conflicts of interest that you would need to declare if elected to the Board:

11. Please describe any other position(s) held within the physiotherapy community:



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12. Please list all languages that you speak fluently.

- I agree to let my name stand for a Director position on the CPA's Board of Directors. I consent to the verification by the CPA of the information provided in support of my nomination.
- I further consent to have **my name, biography, headshot photo (if any), campaign platform (if any, and when permitted), and my responses to Questions 5-9 (above) shared with the Members.** I understand I may withdraw this consent by written request.

Signature:

Date Signed:

