

ELECTION NOMINATION FORM

Psychological Associates (Non-Voting) Council Seat

Please fill in this form electronically or print clearly using black ink.

We, the undersigned members of the College of Psychologists and Behaviour Analysts of Ontario, eligible to vote in **Psychological Associate (Non-Voting) Council Seat** nominate,

Nominee's Name:	
Nominee's Registration Number:	
Nominee's Email:	

as a candidate for election to the Council of the College for **Psychological Associate (Non-Voting) Council Seat** on March 31, 2025.

I, _____, am willing to stand for election, and if elected, to assume all duties and responsibilities as a member of Council for the position to which I am elected.

Nominee's Signature:	
----------------------	--

Each candidate for election requires five (5) nominators. A single or separate nomination form from each nominator, appropriately signed, will be accepted. That is, one need not have all nominators listed on one form.

Please note:

- Signatures on the nomination form can be submitted electronically;
- Forms may be submitted by email, fax or by regular mail.

The undersigned registrants are in good standing and eligible to vote in **Psychological Associate (Non-Voting) Council Seat**:

Nominator's Name	Registration #	Signature

Please return this form by 5:00 P.M., February 28, 2025 to:

Fax: 416-961-2635 / email: omedallon@cpbao.ca