



CASN Accreditation Bureau (CAB)

Nomination Form 2024

Bilingual Faculty Representative (1 required)

Three Year Term (2024-2027)

Criteria for a faculty member to be on the CASN Accreditation Bureau:

- Nurse faculty members must be currently involved in baccalaureate or graduate programs in nursing, have a minimal educational preparation of a master's degree in nursing, and at least five years teaching experience in a baccalaureate or graduate program in nursing.
- No member of CASN Council (i.e., voting member of Council) or current director on the CASN board shall be appointed to the Accreditation Bureau.

Candidates wishing to run for election must be nominated in writing by a faculty member of a CASN member school. Nominators are expected to complete this form on behalf of the candidate. Both the nominator and the candidate must sign this form.

Return form via email to:

Sharada Boucher-Sharma
Strategic Operations Coordinator
Email: sboucher-sharma@casn.ca

You will receive a confirmation e-mail within 2 business days of submission. If you do not receive the confirmation, please contact Sharada Boucher-Sharma: sboucher-sharma@casn.ca.

SECTION 1 – CANDIDATE INFORMATION

To be completed by the candidate.

Surname: _____

Given name(s): _____

Title: _____

Organization: _____

Mailing address: _____

City Province Postal Code

Telephone: _____ Fax: _____

E-mail address: _____

Language: English French Bilingual Other (please specify)

SECTION 2 – CANDIDATE’S EDUCATIONAL BACKGROUND (Post Secondary)

Qualifications received	Year	School

SECTION 3 – CANDIDATE’S EXPERIENCE

1. Previous experience in policy development or decision-making (specify where and in what capacity).

2. Please describe the candidate’s experience in program evaluation, regulation and/or accreditation.

3. Previous experience on institutional/provincial/national committees (role and duration of membership).

4. Contributions to the development of education/professional programs for nursing.

5. Reason why this candidate is best suited for the position on the CASN Accreditation Bureau. Note: this description will be included in the slate of nominations distributed at council meeting (Maximum 250 words).

SECTION 4 – NOMINATOR INFORMATION

To be completed by the nominator.

Surname: _____

Given name(s): _____

Title: _____

Organization: _____

Telephone: _____ Fax: _____

E-mail address: _____

Language: English French Bilingual

SECTION 5 – SIGNATURES

Signature of Nominee Name of Nominee Date

Signature of Nominator Name of Nominator Date

Nomination forms must be received **by Thursday, October 31st, 2024**, and will be included in the *Slate of Nominations* distributed at the CASN Council meeting. Given that voting will be done online (electronic voting), there will be no “*Nominations from the Floor*”.