



Nomination Form for Council

We, the undersigned being members of the Saskatchewan College of Physical Therapists and eligible to vote, hereby nominate _____ for election to SCPT Council.

Printed Name	Signature	Date
Nominator 1: _____	_____	___/___/_____ (mm/dd/yyyy)
Nominator 2) _____	_____	___/___/_____ (mm/dd/yyyy)
I accept this nomination _____		___/___/_____ (mm/dd/yyyy)

NOMINATORS:

Please submit a written statement describing what qualifies the nominee for this position. These can be faxed to 306-931-7333 or emailed to edr@scpt.org. All nominations will be forwarded to Tasha Descottes, Chair Communications.

NOMINATIONS MUST BE RECEIVED AT THE SCPT BY August 26, 2020