



NOMINATION FORM - 2019

“We, as members in good standing of the College of Physiotherapists of Manitoba, do hereby nominate the following person(s) for election to the Council.

NAME	CPM NO.	NOMINEE’S SIGNATURE

We have obtained the permission of the foregoing nominee(s) as indicated by the signature(s) above. Resume(s) of the above candidate(s) are enclosed for distribution.”

Signed this _____ day of _____, 2019

Name: _____ CPM No. _____

Name: _____ CPM No. _____

Please append a curriculum vitae (for the last five years), **not to exceed one page** and highlighting your education, employment, professional activities and goals or issues for being on the Council.

Deadline for Nominations: March 1, 2019