



NOMINATION FORM - 2020

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

PRINT NAME	CPM NO.	NOMINEE'S SIGNATURE

We have obtained the permission of the foregoing nominee as indicated by the signature above.

Signed this _____ day of _____, 2020

Nominator 1:

Print Name: _____ CPM Number: _____

Signature: _____

Nominator 2:

Print Name: _____ CPM Number: _____

Signature: _____

The Nominee is required to submit a curriculum vitae (for the last five years), **not to exceed one page** and highlighting their education, employment, professional activities and goals or issues for being on the Council.

Deadline for Nominations: March 20, 2020