

SCHEDULE I
(section 9)

DESIGNATION
Candidate nomination paper

Name of institution		
Designation college: _____		
Section I – Nomination		
Last name and first name of candidate		
Sex	Date of birth	
M <input type="checkbox"/> F <input type="checkbox"/>	Y M D	
Address		
Municipality	Province	Postal code
Area code Home telephone	Area code Work telephone	Extension
Occupation	Employer	
Section III – Candidate’s consent		
<div>CONDITIONS REQUIRED TO BE A MEMBER OF AN INSTITUTION'S BOARD OF DIRECTORS</div> <div><div>1. Be a Québec resident;</div><div>2. Be of full age (18 or over);</div><div>3. Not be under tutorship or curatorship;</div><div>4. Not have been convicted in the past five years of a crime punishable by three or more years of incarceration;</div><div>5. Not have been dismissed as the member of the board of directors of an institution, regional board, or health and social service agency in the past three years;</div><div>6. Not have been convicted in the past three years of an offence against the Act respecting health services and social services or the regulations;</div><div>7. Not be employed by the institution or practise therein, for a designation by and from among the members of the users’ committee or the foundations of the institution or the universities affiliated with the institution;</div><div>8. Be qualified to sit as a member of the board of directors of the college for which the candidate is nominated.</div></div> <div>I hereby acknowledge that I have read the information and declare that I meet the above conditions for candidacy. I also authorize the disclosure of the information on this form to the Minister of Health and Social Services if I am designated a member of the board of directors. Information disclosed to the Minister is governed by the Act respecting Access to documents held by public bodies and the Protection of personal information.</div> <div>In witness whereof, I have signed in _____ on _____</div> <div>_____ Signature of candidate</div>		
Section IV – Acceptance by designation officer		
<div>NOMINATION ACCEPTED <input type="checkbox"/></div> <div>NOMINATION REJECTED <input type="checkbox"/></div>		
Reason(s) for rejection:		

<div>_____ Signature of designation officer</div> <div>_____ Date</div>		
<div>PURSUANT TO SECTIONS 64 AND 65 OF THE ACT RESPECTING ACCESS TO DOCUMENTS HELD BY PUBLIC BODIES AND THE PROTECTION OF PERSONAL INFORMATION</div> <div><div><div>1. The information on this form is gathered for the institution concerned and, if the candidate is designated, for the Minister of Health and Social Services.</div><div>2. The information sent to the Minister is used to make up records for management and control purposes of the members of health and social service institution boards.</div><div>3. The following persons will have access to this information:<div><div>• employees of the institution concerned and the department in the performance of their duties;</div><div>• any other user meeting the requirements of the abovementioned Act.</div></div></div><div>4. All information on the form is required.</div></div></div>		