Nominee's Name:  NOMINATOR:	
CPSA Member Name (Please print clearly)	Date
Position (Please print clearly)	
CPSA Member e-signature or e-initials	E-mail (Please print clearly)
Once you filled out the above, please save the ch	nanges and email this file to the nominee.
NOMINEE ACCEPTANCE: I accept this nomination	on.
CPSA Member Name (Please print clearly)	Date
Position (Please print clearly)	
CDSA Mambar a signatura or a initials	E-mail (Please print clearly)

The CPSA Secretariat will verify that the nominator and the nominee are individual members of the Association in good standing. After this verification, the nominee will be notified and given instructions for submitting the required documents.