

Council Election 2018

District 1 – West, 5 – South West and 6 – Central West

Candidate Information Nomination Package

CRPO is holding its annual election for Council members in District 1 – West, 5 – South West and 6 – Central West. Voting will take place from May 23, 2018 to June 22, 2018. Nominations will be accepted from March 23, 2018 until 12:00 p.m. on April 23, 2018. Members whose primary practice or residence (if not practising) are located in these electoral districts are eligible to be nominated for election. Members who wish to become nominated must complete this Candidate Information Nomination Package as instructed.

Information and Instructions

Members wishing to run for election to Council must complete the following four items (see pgs. 2 – 7) and submit them as one package:

1. Declaration of Nomination
2. Eligibility to Stand for Election
3. Conflict of Interest Questionnaire
4. [Candidate Statement](#) (separate document)

Before filling out your Nomination Package, please save this document on your computer and then open with Adobe Reader. If you fill out the package in your web browser, i.e. without saving first, contents may be lost.

Submission and Deadlines

Your completed Nomination Package must be submitted to CRPO **no later than 12:00 p.m. on Monday, April 23, 2018**. Late or incomplete submissions will not be accepted.

You may submit your Nomination Package a number of different ways; however, email is preferred. All four items must be submitted at the same time.

Email (preferred): elections@crpo.ca
Mail: College of Registered Psychotherapists of Ontario
Attention: Elections
375 University Avenue, Suite 803
Toronto ON M5G 2J5
Fax: 416-639-2168

Note: For more information regarding elections, eligibility to run or vote, nominations, terms of office and electoral districts, please review the [Council Elections](#) page of CRPO's website.

Please send election related questions to elections@crpo.ca.

1. Declaration of Nomination

A. Nominee Information and Consent

Nominee Name Commonly Used in Practice
(first and last name)

Registration
Number

Electoral District
Name and Number*

*You may only indicate Districts 1,5 or 6 for this election.

I, the undersigned, consent to my nomination as a candidate for election to the Council of the College of Registered Psychotherapists of Ontario, and affirm that all information provided by me is, to the best of my knowledge, complete and accurate. By signing this form, I authorize CRPO to verify any or all information provided by me to support my nomination.

Nominee Signature

Date

B. Nomination by Peers

Five other CRPO members must support your nomination. You may submit a separate form for each nominator as necessary.

I, the undersigned, as a member of the College of Registered Psychotherapists of Ontario, nominate (nominee name) _____,
(registration number) _____ as a candidate for election to Council in
District (name and number) _____.

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|---------------------------|---------------------|-----------|
| 1. Nominator Name (print) | Registration Number | Signature |
| 2. Nominator Name (print) | Registration Number | Signature |
| 3. Nominator Name (print) | Registration Number | Signature |
| 4. Nominator Name (print) | Registration Number | Signature |
| 5. Nominator Name (print) | Registration Number | Signature |

Note: RP (Temporary) members cannot nominate a candidate for election.

2. Eligibility to Stand for Election

You must indicate that you are eligible to run for election to Council, and meet all eligibility criteria. Please check each box that applies.

I hereby confirm the following:

- I currently hold a valid Certificate of Registration with CRPO, other than a Temporary Certificate of Registration;
- I am principally engaged in the practice of the profession in the electoral district for which I am nominated; or I am not engaged in the practice of the profession but reside in the electoral district where I am nominated;
- I am not in default of payment of any fees to CRPO, or in providing any form or information to CRPO;
- I am not the subject of any disciplinary or incapacity proceeding with CRPO or any other regulatory body;
- I have not been the subject of any professional misconduct, incompetency or incapacity finding in the preceding three years, with CRPO or any other regulatory body;
- my Certificate of Registration has not been revoked or suspended;
- I have completed CRPO's Conflict of Interest Questionnaire (see pg. 4), agreeing to resign, if elected, any responsible positions, such as director, board member, officer, or employee that I hold with a professional association relating to psychotherapy, prior to taking office as a Council member;
- I have not been disqualified from CRPO Council or a committee;
- I am not a member of the Council of any other college regulated under the *Regulated Health Professions Act, 1991* or the Ontario College of Social Workers and Social Service Workers;
- I am not, and have not been for the twelve months immediately prior to the date of the election, an employee of CRPO;
- I have not, in the preceding six years, commenced or maintained legal proceedings, including before a tribunal, against CRPO, any of its committees, any of its Council or committee members, or any of its staff or other representatives; and
- I am not currently running for election in another CRPO electoral district.

I, (nominee name) _____, confirm that I am eligible to be nominated for election to CRPO Council in District (name and number) _____.

Nominee Signature

Date

3. Conflict of Interest Questionnaire

All nominees wishing to become a candidate for election to Council must complete and sign this Conflict of Interest Questionnaire

A conflict of interest arises where you have a personal or professional interest that conflicts, might conflict or may be perceived as conflicting with your duty to the College of Registered Psychotherapists of Ontario, including your duties as a member of the Council and/or its committees. A conflict of interest could arise in relation to personal or professional relationships or affiliations, including but not limited to:

- directorships or other employment;
- interests in business enterprises or professional practices;
- shared ownership;
- beneficial interests in trusts;
- professional association memberships and/or relationships with other organizations;
- educational institutions and/or psychotherapy training programs; and
- personal associations with other groups or organizations, or family relationships.

Please see Section 16 of [CRPO's By-laws](#) on Conflict of Interest (pg. 34).

Conflicts of interest do not necessarily preclude a member from becoming a candidate or a Council member; however they must be declared.

Affiliations (Current and Past)

In accordance with Section 16 of the By-laws of the College of Registered Psychotherapists of Ontario, I hereby disclose that I, or one of my family members (parent, spouse, child or sibling), has the following current or recent affiliations, interests or relationships:

Name	Current Affiliation, Interest or Relationship	Role/ Relationship	Starting Date	Conflict? (Yes/No/Unsure)
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Name	Past Affiliation, Interest or Relationship of note	Role/ Relationship	Term (End Date)	Conflict? (Yes/No/Unsure)
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Note: If you have more affiliations to declare, please complete Appendix A.

If you answered “Yes” in the box above regarding a conflict of interest, please elaborate in the box below.

I have actual, potential, or perceived conflict(s) of interest to declare. Yes No

Conflict(s) of Interest Description(s)

Note: If you have more conflicts to describe, please complete Appendix A.

Conflict of Interest Undertaking

If elected, I will resign any responsible position(s) I hold with any professional association related to psychotherapy, such as director, board member, officer, employee, etc., prior to taking office as a Council member. By signing this Conflict of Interest Questionnaire, I agree to this undertaking.

Nominee Signature

Date

Nominee Name (print)

Witness Signature*

Date*

Witness Name (print)*

* Witness must sign at the same time as the Nominee.

Appendix A

Affiliations (Current and Past)

Name	Current Affiliation, Interest or Relationship	Role/ Relationship	Starting Date	Conflict? (Yes/No/Unsure)
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Name	Past Affiliation, Interest or Relationship of note	Role/ Relationship	Term (End Date)	Conflict? (Yes/No/Unsure)
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Conflict(s) of Interest Description(s)