

NOMINATION FORM: SPEAKER & DEPUTY SPEAKER

Nominated by: the Membership
Elected by: the Representative Assembly
[Link to Role Descriptions](#)



CANDIDATE INFORMATION		
First Name	Last Name	
Email	Phone Number	
Street Address		
City	Province	Postal Code
I am a Family Physician Specialist	Doctors of BC ID #	
I am running for	Speaker Deputy Speaker	
NOMINATOR DETAILS		
Nominator #1		
First Name	Last Name	
Email	Doctors of BC ID #	
Nominator #2		
First Name	Last Name	
Email	Doctors of BC ID #	
CANDIDATE ACKNOWLEDGMENTS		
Yes	I accept this nomination.	
Yes	While the nomination form does not require signatures from the candidate or nominators, I acknowledge that they may be contact to verify and confirm their role in the nomination.	
Yes	I confirm that I have read the Doctors of BC Elections Policy and agree to abide by it.	
Yes	I acknowledge the due date to submit Election Materials as referenced in the Election Policy and headshot photo is June 15, 2026 by 12:00PM noon PST and that no late submissions will be accepted.	
Yes	I acknowledge my responses submitted on the Candidate Responses Form (page 2) will be posted and made available online to voting RA members during the election period.	

CANDIDATE RESPONSES: SPEAKER & DEPUTY SPEAKER

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Candidate Name:	Speaker	Deputy Speaker
Please provide a summary of your current professional activities and clinical practice.		
Describe your experience leading groups, committees, or boards, and explain how your approach supports effective chairing, respectful dialogue, and strong governance. Link to Speaker & Deputy Speaker Role Description		
What makes Doctors of BC's Mission and Vision meaningful to you and how will your values align with those of the Association? Link to Strategic Plan		