



## Candidate Eligibility & Consent Form

Download and save this form to your computer. Please complete sections A – E for internal review. Email the completed form to [elections@coto.org](mailto:elections@coto.org).

### A. Candidate Information

Personal Information		
First Name:	Last Name:	
Personal Contact Information		
Street Address:	City:	Postal Code:
Telephone:	Email:	

### B. Eligibility to Stand for Election

The COTO bylaws indicate that a registrant is eligible to stand for election to the Board provided they meet specific criteria. Please review the list below and **check all that apply**.

#### I hereby confirm the following:

I principally practise or if I am not currently practising, I reside in the electoral district where I am nominated;

I currently hold a valid general practising or provisional practising certificate of registration;

I am not in default of payment of any fees;

I will complete the College's orientation program prior to the election;

I am not subject of any disciplinary or incapacity proceeding in any jurisdiction;

My certificate of registration has not been revoked or suspended, in any jurisdiction, in the six years preceding the date of nomination as a result of a professional misconduct, incompetence or incapacity proceeding;

My certificate of registration is not subject to any order, direction, or term, condition, or limitation imposed by a panel of the Discipline Committee, Fitness to Practise Committee, Quality Assurance Committee or by a similar committee, in any jurisdiction;

I have not been disqualified from the Board or Committee in accordance with the bylaws in the six years preceding the date of nomination;



I am not at present nor have been at any time within the past three years preceding the date of nomination a director, owner, board member, officer, or employee of any professional association;

I have not resigned from the Board in the three years preceding the date of nomination;

I do not have a conflict of interest to serve as a Board Director and agree to remove any such conflicts of interest before taking office;

A court or other lawful authority has not made a finding of guilt against me to any provincial or federal offence;

I am not subject to any existing conditions or restrictions imposed by a court or other lawful authority that relate to my practice;

I have not initiated, joined, continued, or materially contributed to a legal proceeding against the College or any Committee or representative of the College; and

I have not been an employee or paid consultant of the College in the six years preceding the date of nomination.

### C. Conflict of Interest

All Directors on the Board of the College of Occupational Therapists of Ontario have a duty to act solely in the best interest of the College, consistent with the mandate of the College to act in the public interest, and to maintain the trust and confidence of the public in the integrity of the decision-making processes of the Board.

A conflict of interest exists where a reasonable member of the public would conclude that a Director's personal, professional or financial interest, relationship or affiliation may affect their judgement or the discharge of their duties to the College. A conflict of interest may be real or perceived, actual, or potential, direct or indirect.

*(Note: a close personal relationship could be a spouse, partner, family member or anyone with whom they have a direct financial relationship such as a business partner, employer or employee).*

1. To the best of your knowledge, do you or a close personal relationship have a direct or indirect ownership or other financial interest in any corporation, company, or other business related to occupational therapy?

Yes                      No

If yes, please provide details

2. Do you maintain membership in other professional bodies, associations, voluntary or otherwise? (Individuals are free to maintain membership in professional organizations. A declaration of these memberships give assurance that there is no conflict with the College's mandate.)

Yes                      No

If yes, please provide details



3. To the best of your knowledge do you or a close personal relationship hold a position of responsibility such as director, owner, board member, officer or employee of another organization where their duties may reasonably be seen as influencing their judgement in matters under consideration by the Board or its Committees?

Yes                      No

If yes, please provide details

4. Do you have any close personal ties with other College Directors, Committee Members, or College staff?

Yes                      No

If yes, please provide details

To the best of my knowledge, I declare that the information provided is a complete and accurate statement of any actual, potential or reasonably perceived conflict of interest affecting me as a candidate for the College's Board of which I am aware at this time.

I confirm I have read, considered and understood the conflict of interest policy and agree to abide by its provisions should I be elected.

Candidate signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **D. Privacy Notice**

The College of Occupational Therapists of Ontario collects, uses, discloses, stores, and retains personal information in compliance with the *Regulated Health Professions Act (RHPA) 1991, RHPA Procedural Code, and the Personal Health Information and Protection Act, 2004.*

The personal information you provide when submitting this nomination application to COTO is being collected and will be used by COTO to assess your qualifications and suitability for the position you apply for as a potential board member.

For more information about COTO's privacy practices, please see the COTO website summarized privacy policy.

#### **E. Consent**

By completing and submitting this nomination application, I the undersigned, consent to my nomination as a candidate for election to the Board of Directors of the College of Occupational Therapists of Ontario, and affirm that all information provided to me is, to the best of my knowledge, complete and accurate. By signing this form, I authorize COTO to verify any or all information provided by me to support my nomination.



I confirm I have read, considered and understood the College's Conflict of Interest and Code of Conduct and agree to abide by its provisions should I be elected.

I confirm that I will commit to devoting sufficient time in my schedule to participating in all required Board and Committee activities

I confirm that I will complete the College's pre-orientation program prior to the close of the nomination period.

I agree that by submitting this nomination application to COTO by email, I am electronically signing.

Candidate signature: \_\_\_\_\_ Date: \_\_\_\_\_