



## Nomination Application (2021 Election)

### Instructions

- Complete all sections.
- This is a fillable form. Please download and type directly into the fields as indicated. **Do not** *handwrite*.
- Do not use jargon, abbreviations or acronyms in your responses.
- Adhere to the word limits where stated.
- Carefully review your completed nomination application; submissions will only be edited for typographical errors and cannot be revised following submission.
- CDSBC staff may contact you for further information on any item that is unclear or incomplete.
- Sections of this application that will be posted on the elections website are clearly indicated.

### ELIGIBILITY (for internal review)

*This section will assist you and CDSBC in assessing and declaring your eligibility. Eligibility requirements are set out in section 2.02 of CDSBC's Bylaws.*

*Please read each question carefully before answering.*

1. Are you a registrant in one of the following classes?  Yes  No
- (a) A dentist who is a
    - i. Full registrant
    - ii. Restricted to specialty registrant
    - iii. Academic registrant
    - iv. Academic (grandparented) registrant
  - (b) A dental therapist
  - (c) A practising certified dental assistant
- 
2. Are you ordinarily a resident in British Columbia<sup>1</sup>?  Yes  No
- 
3. Are you a registrant in good standing<sup>2</sup>?  Yes  No
- 
4. Are you the subject of an ongoing investigation by the inquiry committee under section 33 of the *Health Professions Act*?  Yes  No
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5. Are you named in a citation issued by the registrar under section 37 of the *Health Professions Act*, the subject matter of which is not yet resolved?  Yes  No
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6. Do you hold a position of responsibility within the following?  Yes  No
- (a) Canadian Dental Association
  - (b) British Columbia Dental Association
  - (c) Canadian Dental Assistants Association
  - (d) Certified Dental Assistants of British Columbia
  - (e) or any other dental representative association or organization

Positions of responsibility include, but are not limited to, the following:

- employee;
- board officer;
- board member; and/or
- committee chair.

**NOTE:** If you answer “Yes” to this question, you will need to provide information on a separate sheet of paper that includes the applicable dates, name of the organization, and the title of your position.

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7. If you answered ‘Yes’ to question 6 above, please indicate whether the position of responsibility which you held was within three years preceding the nomination deadline for the board election:  Yes  No

**NOTE:** If you answer “Yes” to this question, you will need to provide information on a separate sheet of paper that includes the applicable dates, name of the organization, and the title of your position.

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8. Would you have, if elected, any conflict of interest by virtue of having competing fiduciary obligations to the College and to another person or organization?  Yes  No

**NOTE:** Please complete the Declaration of Interest form and submit along with this application.

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9. Have you held the position of CDSBC board member at any time in the five years preceding the nomination deadline for board election?  Yes  No
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<sup>1</sup> The Supreme Court of Canada held that an individual is ‘ordinarily resident’ in the place where in the settled routine of the individual’s life, he or she regularly, normally or customarily lives. Therefore, to determine whether a candidate is ordinarily resident in B.C., the Nominations Committee will consider all of the relevant facts, including where the individual has the most significant ties (e.g. a home, spouse or common-law partner, dependents, etc.)

<sup>2</sup> In good standing means the registration of a registrant or the certification of a certified dental assistant is not suspended under the Act, and no limits or conditions are imposed on the practice of dentistry by the registrant under section 20(2.1(a), (b. 1), or (c). 20(3), 32.2, 32.3, 33, 35, 36, 37.1, 38, 39, or 39.1 of the Act or section 7.03(5)(a), (c) or (d) or 7.03(7).

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## APPLICANT INFORMATION (for internal review)

### Personal Information

First name \_\_\_\_\_ Last name \_\_\_\_\_

Name to be printed on ballot \_\_\_\_\_ Registration # \_\_\_\_\_

### Personal Contact Information

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Registration Class

- Dentist
  - Full Registrant
  - Restricted to Specialty Registrant
  - Academic Registrant
  - Academic (Grandparented) Registrant
- Dental Therapist
- Practising Certified Dental Assistant

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Section 3.7 of the [Guide for Applicants](#) outlines the amount of time board members will need to commit to. Are you able to meet the time commitment that may be required?

Yes  No

### Regulatory/community experience

Do you currently serve on the CDSBC Board or any of its committees?

Yes  No

If yes, please provide the name of the committee, the position you hold, your start and end dates, and any other related information.

Do you have other board or committee experience, or relevant experience in professional regulation?

Yes  No

If yes, please indicate the specific position, organization, start and end dates, and any other related information.

Do you have any volunteer or community involvement experience which may support your election candidacy?

Yes  No

If yes, please provide details.

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### CANDIDATE STATEMENT (will be published in election material exactly as received)

Please refer to the [Guide for Applicants](#) for assistance with completing this section.

#### **Why do you want to be a CDSBC Board Member?** (maximum 1000 characters)

Your statement must reflect the role of the Board and be consistent with the guiding principles referenced in section 7 of the [Guide for Applicants](#).

### VALUES

The CDSBC Board approved a [Board Composition Matrix](#) which includes values, core competencies, diverse perspectives, and specialized skills and experiences that will benefit the work of the Board in the context of the regulatory environment in which CDSBC currently operates.

The values articulated by the Board are critical in ensuring that board members have a clear understanding of CDSBC's public protection mandate, are willing and able to work in collaboration with others and positioned to lean into the opportunities and challenges the Board and College are facing. The following values are included in sections 1. a) and 2. a) of the [Board Composition Matrix](#):

#### **Accountability, Honesty and Selflessness**

Act with integrity and speak the truth, be able and willing to take full responsibility for decisions and follow through on commitments.

#### **Adaptability**

Appreciate that, at times, plans will require adjustment to meet changing circumstances and needs.

#### **Collaborative, Open and Curious**

Recognize that, in a complex system, what can emerge as a result of meaningful engagement and dialogue will be stronger than what is created in isolation. Be open to new ideas, new perspectives, and new ways of doing things — all the while bringing a learning mindset to decision-making.

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**Compassion**

A deeply felt concern for the well-being of BC residents and a commitment to safe, ethical care.

**Inclusivity**

Create an environment and culture that welcomes diverse perspectives, new partners and new ideas.

**Objectivity**

Be able to self-reflect and make decisions based on evidence and good information, to best fulfill the public mandate.

**Public Focus**

Uphold the public’s right to safe, ethical care, demonstrated by an understanding and appreciation of — and commitment to — the public protection mandate and the time required to execute the role diligently. Put the interests of patients and the public at the centre of decision making.

**Respect**

Work with others effectively, and appreciate different perspectives and opinions, while fostering and promoting, not impeding or stifling, robust dialogue.

**Self-Awareness**

Have a clear understanding of personal strengths, self-reflection and areas of personal development and potential biases, while remaining open to feedback, continuous growth and improvement.

**How do you embody these values in your work and personal life?** (maximum 1000 characters)

**COMPETENCIES AND EXPERIENCE**

As outlined above, CDSBC has identified key specific skills, knowledge and professional experiences in the [Board Composition Matrix](#) that board members ideally should possess. Please review the competencies and experiences outlined in the [Composition Matrix](#).

**Please explain how you feel you can make a valuable contribution to the CDSBC Board based on the relevant skills, knowledge and professional experiences listed in sections 1. b) and 2. b) of the [Board Composition Matrix](#) and the current context in which CDSBC is operating.**

- **What specific experiences, skills and perspectives do you possess that will enhance the current board?**
- **If applicable, reference the competencies, diverse perspectives and specific relevant skills and experiences outlined in the [Board Composition Matrix](#). (maximum 1000 characters)**

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### PRIVACY NOTICE

The College of Dental Surgeons (CDSBC) collects, uses, discloses, stores and retains personal information in compliance with the *Health Professions Act* (HPA) and the *Freedom of Information and Protection of Privacy Act* (FOIPPA).

The personal information you provide when submitting this nomination application to CDSBC is being collected and will be used by CDSBC to assess your qualifications and suitability for the position you apply for as a potential board member. The collection of this personal information is permitted under section 26(c) and (e) of FOIPPA. Your personal information will be retained in accordance with CDSBC Records Retention and Disposition Schedules.

The personal information you provide when submitting this nomination application may be disclosed by CDSBC to others, but only in accordance with the consent to public disclosure that you give by completing and submitting this nomination application to CDSBC (see below for details) or as otherwise authorized or required by law.

If you have any questions or concerns about CDSBC's privacy practices, please contact the CDSBC Privacy Officer:

#### Privacy Officer

College of Dental Surgeons of BC  
110-1765 W 8th Ave  
Vancouver, BC V6J 5C6

### DECLARATION

I, \_\_\_\_\_ of (address) \_\_\_\_\_  
declare that I will observe the provisions of the *Health Professions Act*, the Regulations, and the CDSBC Bylaws, and the procedures related to the election and the conduct of the election.

I attest that I have read, understand and comply with the eligibility requirements as outlined on the CDSBC website: [www.cdsbc.org/election](http://www.cdsbc.org/election)

- I agree that by submitting this nomination application to CDSBC by email, I am electronically signing.
  
- I have read the Guide for Applicants and will be able to attend the CDSBC Board Orientation scheduled May 2021 if I am successful in the election.

**Note:** If you do not check the above-noted boxes, your nomination application will be deemed incomplete and will not be considered.



## Nomination Form (Election 2021)

*The signature of a registrant in good standing is mandatory, as per CDSBC bylaw section 2.05. Please see sections 6 and 8 of the 2021 [Guide for Applicants](#) to confirm that the individual you are nominating meets the eligibility requirements, and that you are eligible to nominate a candidate.*

**I hereby nominate** \_\_\_\_\_ **Registration #** \_\_\_\_\_

in the 2021 Election for the position of:

registrant board member

certified dental assistant board member

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Name \_\_\_\_\_ Registration # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Declaration of Interests

Good governance requires a solid understanding of conflicts of interest (real or perceived). As a regulator, it is important to identify and manage conflicts.

A decision-maker needs to be in a position to participate objectively.

- An *actual* conflict can occur when an individual's own personal interest in the outcome of a situation can influence, impair or prevent that person from pursuing an objective, fair and principled approach to decision-making.
- A *conflict of interest* exists when an individual or their friend, family member, business associate, partnership or corporation could benefit from the result or consequences of that person's participation in a decision made on behalf of CDSBC.
- The possibility that others will *perceive* that an individual has a conflict in a given situation is also significant. This can arise when others could perceive that the decision-maker would be unable to make an objective decision about an issue, quite apart from whether the decision-maker believes this perception to be true. Perceptions of conflicts are as important to public confidence as actual conflicts.

CDSBC board and committee members and staff can use this declaration of interests to identify and declare their personal interests or connections with others in positions of influence that could result in actual or perceived conflicts.

The College publishes a compilation of individual declarations as a Register of Interests, publicly available at [www.cdsbc.org/register-of-interests](http://www.cdsbc.org/register-of-interests).

The declaration of interests assists with the identification of positions or relationships that could influence a person's attitude resulting in an actual or perceived conflict.

Please use the table on the next page to provide details as they relate to you and to any other connected person. A connected person could be a spouse, partner, family members or anyone with whom you have a direct financial relationship such as a business partner, employer or employee.

Declaring an interest is only the first step. If you have declared an interest that is determined to be a real or perceived conflict, you must remove yourself from related discussions and decision making on behalf of CDSBC.



Name: \_\_\_\_\_

Role within CDSBC: \_\_\_\_\_

Relationship	Details relating to you	Details relating to a connected person
<p><b>1 Paid employment</b> (previous employment if applicable)</p> <p><i>Give details of all paid employment including full/part time, consultancies, contract and paid directorships.</i></p>		
<p><b>2 Ownership of any company, business or consultancy</b></p> <p><i>Include any relevant details relating to a connected person</i></p>		



Relationship	Details relating to you	Details relating to a connected person
<p><b>3</b> <b>Appointments, offices and memberships of other bodies, voluntary or otherwise</b></p> <p><i>Individuals are free to engage in political activities or to maintain associations with professional organization. A declaration of these positions give assurance that there is no conflict with CDSBC's statutory function.</i></p> <p><i>Specifically include any involvement with dental associations/groups. But also:</i></p> <ul style="list-style-type: none"> <li>• <i>directorships</i></li> <li>• <i>local authority membership</i></li> <li>• <i>tribunals</i></li> <li>• <i>special interest groups</i></li> <li>• <i>political groups, etc.</i></li> </ul>		
<p><b>4</b> <b>Close personal ties with other CDSBC advisors, board members or employees</b></p> <p><i>Individuals who have close ties with other decision-makers may be perceived as having an undue influence on decisions.</i></p>		



Relationship	Details relating to you	Details relating to a connected person
<p><b>5</b> Any other declarations</p> <p><i>Include any information that may be relevant such as:</i></p> <ul style="list-style-type: none"><li><i>• court of legal findings or published opinions</i></li><li><i>• whether you have been investigated or disciplined by any professional association or body.</i></li></ul>		

*I take responsibility for acting in accordance with CDSBC's code of conduct. I understand I must not receive any benefit that is not explicitly authorized in my appointment letter and must not exert any influence to acquire any preferential treatment for myself or other connected persons. I agree to:*

- a) act honestly and in good faith with a view to the best interests of the public*
- b) exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances*
- c) act in the best interests of the public and not in his or her self-interest, nor in the interest of a particular group or constituency*
- d) make full and timely disclosure of any actual or perceived conflicts of interest in order to protect the integrity of CDSBC*

*I will update my declaration of interests annually, or more frequently if any significant changes occur.*

Name: \_\_\_\_\_

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

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### CANDIDATE PHOTO (to be published in election material)

If you wish, please **email** a photo of yourself to be included with your candidate statement. Please note that this photo will be posted on the CDSBC website and the election website along with your candidate statement. Your photo will be automatically resized according to the website's photo standards.

### BEFORE YOU EMAIL YOUR NOMINATION APPLICATION, HAVE YOU:

- Read the [Guide for Applicants](#)?
- Completed all sections of the nomination application?
- Attached the following supplementary documents, if any?
  - Had one eligible nominator sign the [Nomination Form](#) (included in this package) to nominate you?
  - Completed and attached the [Declaration of Interest](#) form (included in this package)?
- Read the privacy notice and consent question, and checked the required box?
- Read, understood and checked the box to electronically sign the declaration?
- Saved this nomination application as a PDF document with your name included in the filename, i.e., JaneDoe\_CDSBCnomination.pdf?

If you have checked all of the above boxes, please email your nomination application to [registrarsoffice@cdsbc.org](mailto:registrarsoffice@cdsbc.org).

Following your submission, you will receive an email confirming safe receipt of your nomination application. If you do not receive confirmation within 5 business days of submitting your nomination application, or if you have any questions about the application process, please contact [registrarsoffice@cdsbc.org](mailto:registrarsoffice@cdsbc.org).

*Thank you for expressing interest in becoming a CDSBC board member.*