

# Nomination Paper Regional Health Authority Elections

(Municipal Elections Act, SNB, 1979, c. M-21.01, s. 17)  
(Regional Health Authorities Act, R.S.N.B. 2011, c. 217, ss. 19(1), 20(8))  
(Board Regulation - Regional Health Authorities Act, s. 3 and 4, ss. 7(3))



**M 04 021**  
(2015-11-11)

## Part A : Receipt of Nomination Paper (For use by Municipal Returning Officer only)

**Notes:** Under section 17 of the *Municipal Elections Act*.

- The municipal returning officer shall not receive or act on a nomination paper unless the written consent of the candidate appears thereon, the municipal returning officer is satisfied that at least ten of the nominators are entitled to vote at the election.
- The municipal returning officer, upon receiving a complete nomination paper shall give to the person filing the nomination paper a copy of this page, which shall be prima facie evidence that the candidate has been duly and regularly nominated.

The candidate's nomination paper has been accepted.

\_\_\_\_\_ (Municipal Returning Officer)

\_\_\_\_\_ (Date)

## Part B : Identification of Candidate and Contact Information

**Notes:** Please print or type all information (except signatures).

- A candidate may complete this nomination paper or the candidate may have an agent complete Parts B, D, and E.
- A completed nomination paper may be faxed to the Municipal Returning Officer, but the original must also be sent.
- After a nomination paper is accepted, it is considered a public document and may be made available for inspection.
- The candidate's name, sex, and civic address are published in the Municipal Electoral Officer's official report following the election.

### The persons named in Part E, being entitled to vote for this candidate at this election, hereby nominate:

Candidate's name as it is to appear on ballot

Occupation

*First Name*

*Second Name or Initial*

*Surname*

Sex

E-mail address

Telephone number

M  F

Language of operation of the Regional Health Authority:

French (Regional Health Authority A – Vitalité), **or**

English (Regional Health Authority B – Horizon)

Incumbent:

or New :

Civic address of candidate

Candidate's address for service (if different)

*Number*

*Street*

*Unit*

*Number*

*Street*

*Unit*

*Municipality*

*Postal Code*

*Municipality*

*Postal Code*

as a candidate for Regional Health Authority board member for subregion no. \_\_\_\_\_ in Health Region \_\_\_\_\_,

in the pending Regional Health Authority election to be held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

### Optional contact information to be made available on the Elections NB website:

**Notes:** After a nomination paper is accepted, the candidate's name, sex, address for service, and optional telephone, e-mail, and website address will be made available on the Elections NB website during the election period.

E-mail address

Telephone number

Website address (URL, website, facebook, etc.)

**Part C : Consent of Candidate to be Nominated**

**Notes:**

- Under section 3 of the *Board Regulation - Regional Health Authorities Act*, a person is not qualified to be a candidate unless the person has been resident in the health subregion for at least six months immediately before the election, and expects to be ordinarily resident in the above subregion of the health region on election day.
- A person's residence is defined under section 14 of the *Municipal Elections Act*.
- Under subsection 20(8) of the *Regional Health Authorities Act*, a candidate must certify that if elected, he or she will carry out his or her duties as a board member in the language of operation of the regional health authority (A: French, or B: English).

I, \_\_\_\_\_, consent to this nomination. I certify that that my name,  
(Name)

civic address, occupation, and address for service of any legal documents on me under the *Board Regulation - Regional Health Authorities Act* and *Municipal Elections Act* is as stated in Part B above. I certify that:

- I am a Canadian citizen, will be eighteen years of age or more as of the day of the election; and will have been ordinarily resident in the province for at least 40 days immediately before the election;
- I have been ordinarily resident in subregion no. \_\_\_\_\_ of Health Region \_\_\_\_\_ for at least six months immediately before the election;
- I expect to be ordinarily resident in the above subregion of the health region on election day; and
- I am not an employee of a regional health authority, a person who has privileges with a regional health authority, an employee with the Department of Health, a member of the Legislative Assembly, the House of Commons of Canada or the Senate, a director, officer or employee of Ambulance New Brunswick Inc., an employee, the chief executive officer or a member of the New Brunswick Health Council, a director or employee of Service New Brunswick, a judge of the Court of Appeal, The Court of Queen's Bench of New Brunswick or the Provincial Court.
- if elected, I will carry out my duties as a board member in the language of operation of the regional health authority (A: French, or B: English).

*(To be signed by the Candidate in the presence of a Witness to the candidate's signature.)*

Signed at \_\_\_\_\_ on \_\_\_\_\_ in the County of \_\_\_\_\_  
and Province of New Brunswick in the presence of

\_\_\_\_\_  
*(Witness to the candidate's signature)*

\_\_\_\_\_  
*(Candidate)*

**Part D : Witness to Nominators' Signatures**

I, \_\_\_\_\_, certify that:  
(Name)

- I saw the electors below in Part E sign their names as nominators of the named candidate;
- to the best of my knowledge each nominator is qualified to vote for this candidate at the election.

Made at \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

in the County of \_\_\_\_\_ )

\_\_\_\_\_ )

and Province of New Brunswick, )

\_\_\_\_\_ )

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ . )

*(Witness to nominators' signatures)*

**Part E : Signature of Nominating Electors**

**Notes:**

- The *Municipal Elections Act* requires the signatures of **at least 10** electors who are qualified to vote for the nominated candidate in the health subregion where the candidate is nominated.
- The candidate, or a family member of a candidate, or any other person may collect and be the witness to the nominator signatures.
- The person collecting nominator signatures must be present and witness the elector signing this form. A person **cannot** be their own witness.
- If more than one person collects nominator signatures for the same candidate, each person must complete a separate Part D and Part E as the witness to the signatures. Attach additional pages as required.

Name of witness to the nominator signatures below :

<i>(Please PRINT clearly)</i>				
No.	Name of nominator	Civic address of nominator	Signature of nominator	Signature of witness to nominator signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				