

FORM 1

COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA #900 – 200 Granville Street, Vancouver, BC V6C 1S4 phone: (604) 742-6556 fax: (604) 357-1862 <u>https://cptbc.org/</u> email: dmillette@cptbc.org

NOMINATION FORM

I, ______ being a full registrant of and in good standing with the print name

College of Physical Therapists of British Columbia hereby nominate

______ full registrant, for the position of Board Member.

Signature

Date

CPTBC Registration Number