



EXPRESSION OF INTEREST: NSCFP Executive & Board of Directors

NAME:		
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
PHONE (daytime):		EMAIL:

PLEASE COMPLETE EACH SECTION
All information may be attached to this form or submitted electronically.

1. What do you bring to the Board of the Nova Scotia College of Family Physicians? (max: 500 words)
2. Please enclose a brief summary, biography (or full CV).
3. Please provide a brief overview of your availability (for meetings, responding to emails, etc.)
 - We hold 3-4 local, in-person meetings annually
 - President & President-Elect travel several times per year within Canada
 - Annual Meeting of Members is held every October in Halifax
 - Email discussions/video conferencing as needed
4. Letters of support from colleagues may be included.

This form may be forwarded to the Nova Scotia College of Family Physicians office at:

Suite 207 – Mill Cove Plaza, 967 Bedford Highway, Bedford, Nova Scotia B4A 1A9

Or via email at: ccarroll@nscfp.ca