



## 2025 Council Election – Acceptance of Nomination

I, \_\_\_\_\_, hereby agree to allow my name to stand in nomination for the 2025 election of members to the Council of CPA Ontario.

I authorize CPA Ontario to investigate my background and education, including any criminal record information for the purpose of evaluating my eligibility for a Council position. The completed and signed background check and education verification consent forms are enclosed to facilitate that investigation. I consent to participation in the review process being used to identify the candidates with the Skills, Attributes & Experiences that most aptly align with current needs of Council in 2025 for membership to consider.

I consent to the information in my Candidate Biography and Candidate Statement, and to my photograph, being published by CPA Ontario and made available to the members of CPA Ontario.

I certify that all of the information contained in my Candidate Biography and Candidate Statement is verifiably true and that I meet the eligibility requirements, under Section 3.3 of the By-law, for election to the Council of CPA Ontario, namely that:

- I am a member in good standing of CPA Ontario.
- I am at least 18 years of age.
- I am not an undischarged bankrupt.
- I am not a mentally incompetent person.
- I have received satisfactory results from a criminal record check.
- I am not, nor is any close family member or immediate family member of mine, an employee of CPA Ontario.
- I am not, and will not have been within the two years immediately preceding the date of the election, an employee of CPA Ontario.
- I am not, and will not have been within the ten years immediately preceding the date of the election:
  - found to have committed professional misconduct
  - entered into a settlement agreement with the Professional Conduct Committee
- I have not been the subject of a matter that would require informing CPA Ontario under the *CPA Code of Professional Conduct*.
- I am not the subject of a complaint, investigation or referral by the Professional Conduct Committee.

I understand that these qualifications continue to apply throughout my term on Council and that, if I cease to be qualified after election, I will be suspended or removed from Council.

I understand that a current or former Council member may not be re-elected or appointed for a term that will result in the Council member serving more than nine years, as set out in Section 3.6 of the By-law.

I hereby agree to comply with all applicable Regulations and policies of CPA Ontario, including but not limited to the *Campaign Policy*.

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

CPA Ontario Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Residence): \_\_\_\_\_ Telephone (Business): \_\_\_\_\_

E-mail: \_\_\_\_\_

**Please note that both the Nomination Form and this Acceptance of Nomination must be received by the Office of the General Counsel no later than 5 p.m. on Sunday, July 20 2025. Please refer to the official CPA Ontario Call for Nominations announcement for complete contact information.**