

NOMINATION PACKAGE FOR REGIONAL HEALTH AUTHORITY MEMBERSHIP

The Minister of Health and Wellness invites nominations from qualified Albertans interested in being appointed to and serving as a member of Capital Health, a regional health authority (RHA).

RHAs have a broad range of responsibilities to promote and protect the health of residents of their region, and to ensure that residents of the region have reasonable access to health services. As a member of a RHA you will play a key role in decision making and planning for health care services that are delivered in your region. You may also have an important role in working with Community Health Councils in the health region.

ELIGIBILITY - Persons interested in serving as a RHA board member must be 18 years of age or older, be a Canadian citizen, have been a resident in Alberta for six (6) consecutive months at the time of nomination and be a resident in the Health Region for which you are being nominated.

Information about eligibility of persons involved in the health sector is contained in Part B of this nomination package.

QUALIFICATIONS - Those expressing interest in this opportunity must possess a broad understanding of issues facing the health system, an awareness of the RHA's mandate, the ability to consider the regional perspective and the ability to question conventional assumptions. Nominees must have strong communication skills, be committed to improving health service delivery and have a willingness to commit time and energy. The successful applicant should have a business background and be familiar with organizational governance, having served on the board of a large, complex, private or public sector organization. Finance and governance experience are preferred.

To be considered for appointment to the RHA board, this three-part nomination package must be completed and submitted to the Alberta Health and Wellness Nomination Review Panel. **Part A – Background Information About Nominee**, is to be completed by the person interested in being appointed to the RHA (“the Nominee”). **Part B – Certification of Eligibility to Serve on a Regional Health Authority**, must also be completed by the Nominee. This form outlines the eligibility requirements that all Nominees must meet in order to be eligible to serve on a RHA. Nominees who find themselves to be ineligible on the date of nomination, should indicate the reason, and, have the option of changing their circumstances in a way that will make them eligible before appointment to the Regional Health Authority. **Part C – Regional Health Authority Nomination Form**, must be signed by five (5) nominators as specified on the form.

TERMS AND REMUNERATION - The term of office is to be determined by the Minister. Remuneration for attending meetings is in accordance with the government Committee Remuneration Order as prescribed in the Regional Health Authorities (Ministerial) Regulation. Out-of-pocket expenses for travel and subsistence will be reimbursed.

TIMELINES - Nominations must be postmarked no later than **November 17, 2006**. Candidates may be required to meet with the Alberta Health and Wellness Nomination Review Panel as part of the review process.

TO APPLY - Please complete this nomination package and submit with your resume to:

**ALBERTA HEALTH AND WELLNESS NOMINATION REVIEW PANEL
PO BOX 1360 STN MAIN, EDMONTON, ALBERTA T5J 2N3
FAX: (780) 422-2512**

**If you require additional information please phone (780) 415-0229
Toll free by first dialing 310-0000**

***We thank all applicants for their interest, however, only those selected for an interview
will be contacted***

PART A

Background Information about Nominee

The information requested in this application is required to determine the eligibility and suitability of candidates for Regional Health Authority membership and will be used to screen applicants for appointment. The information is collected pursuant to the Regional Health Authority Membership Regulation. If appointed, basic information about you, such as your name, title and background will be made available to the public.

Your Name: _____

Mailing Address: _____

Physical Location of Residence
if Other than Mailing Address: _____

Phone: (Home) _____ (Office) _____ (Fax) _____

Your Region
of Residence: Region 6 (Capital Health)

PLEASE ALSO INCLUDE THE FOLLOWING WITH THIS INFORMATION:

1. Covering letter explaining why you would like to serve as a member of a Regional Health Authority and describe your interest in the health field.
2. Your personal resume (preferably typed) describing your achievements, including employment, and, previous board, committee or community service experience.
3. References (see area below) that may speak to your experience as a board member, your professional qualifications or your career work. Please include references, with their addresses and phone numbers, who may be contacted by the Alberta Health and Wellness Nomination Review Panel.

Two of your nominators may serve as your references.

REFERENCE NUMBER ONE	REFERENCE NUMBER TWO
Name: _____	Name: _____
Address: _____ _____	Address: _____ _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____

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PART B

Certification of Eligibility to Serve on a Regional Health Authority

Persons are eligible to serve on a Regional Health Authority if they are:

- 18 years of age or older;
- Canadian citizens;
- Residents of Alberta for six (6) consecutive months immediately preceding nomination; and
- Residents of the health region.

The following persons are not eligible for membership on a Regional Health Authority:

- Employees of the Regional Health Authority.
- Employees of Alberta Health and Wellness.
- Independent health service providers such as physicians, pharmacists, chiropractors, optometrists, dentists and podiatrists, and their employees, who receive income from Alberta Health and Wellness or the Regional Health Authority, paid directly or indirectly.
- Directors, officers, and employees of a health service organization in the region that receives more than 50% of its ongoing funding from the Regional Health Authority or Alberta Health and Wellness.
- Other independent contractors who receive more than 50% of their income through a contract with the Regional Health Authority, under which money of the Regional Health Authority is payable or may become payable for any work, service, matter or thing. This includes:
 - Directors, officers, and employees of a corporation that has a contract with the Regional Health Authority;
 - Individuals who, alone or with the person's spouse, are collectively the holders of 50% or more of the voting shares of a corporation that has a contract with the Regional Health Authority;
 - Single proprietors of a business that has the contract with the Regional Health Authority; or
 - Individuals who, alone or with the person's spouse, are collectively the owners of 50% or more of a partnership that has the contract with the Regional Health Authority.
- Spouses of ineligible persons.

Please Note: If you find yourself to be ineligible, you have the option of changing your circumstances in a way that will make you eligible to serve on the Regional Health Authority before appointment. If you are not currently eligible, please provide additional information about your intentions to become eligible.

Persons who currently sit on the board of a health service organization that receives funding from a Regional Health Authority or Alberta Health and Wellness, are eligible for nomination. If appointed to the Regional Health Authority, they will be required to resign from that board.

I hereby certify that I meet the requirements stated above, and to the best of my knowledge, information and belief, I am eligible to serve on the Regional Health Authority.

In signing this certification, I hereby consent to the release of my name, address, and details of my experience associated with health service delivery and board or committee membership, in the event I am appointed.

Name (printed)

Witness to signature (printed)

Signature

Signature

Date

Date

PART C

Regional Health Authority Nomination Form

We, the undersigned, being at least 18 years old, Canadian citizens, Alberta residents for six (6) consecutive months and residents of Region 6 (Capital Health) nominate:

(Name of person being nominated)

of _____

(Full address)

and believe s/he, if appointed, would be an excellent member of the Regional Health Authority for Capital Health.

Name (Printed)

Address

Signature

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE NOTE: The five nominators must live in the Health Region for which the Nominee is seeking appointment as a Regional Health Authority member.