



CANADIAN FERTILITY AND ANDROLOGY SOCIETY

The CFAS is a not-for-profit corporation governed by the laws of Canada and its General By-Laws. The CFAS's mission is to advance reproductive science and medicine in Canada through leadership, research and guidance to patients, caregivers, government and society.

The Nominating Committee of the CFAS is currently seeking applications to fill three (3) positions on its Board of Directors.

The CFAS is governed by a Board of Directors, which is collectively responsible for directing and overseeing the work of the corporation. In fulfilling these responsibilities, the CFAS Board provides leadership, sets strategy priorities, ensures compliance, and directs and oversees the work of the Executive Director. The Executive Director has responsibility to manage the business and operations of the CFAS within board-approved strategic priorities, objectives, business plans and budgets.

Term and Location:

There are currently nine (9) directors on the Board of the CFAS. Directors serve for a term of up to three (3) years. The directors are elected in rotation with staggered terms: Three directors are elected at or in anticipation of each annual meeting.

Board meetings can be held anywhere in Canada. Travel expenses will be covered by the CFAS in accordance with policy, but Directors shall not receive any form of remuneration for their services.

Directors will make best efforts to meet at least three (3) times per year.

Application Process:

To apply, please complete the attached application form and return it to Dr. Goldi Gill, Executive Director at: goldi.gill@cfas.ca.

Please note that you must attach a resume and a motivation letter to the application.

Your application will be reviewed by the Nominating Committee who may wish to call you for a telephone interview.

The Nominating Committee will decide which candidates will be presented to the Annual Meeting for election based on the best interests of the Society. There is no guarantee that you will be nominated, nor that you will be elected by the members.

We thank you for your interest in the CFAS.



CANADIAN FERTILITY AND ANDROLOGY SOCIETY
BOARD OF DIRECTORS APPLICATION FORM

PERSONAL INFORMATION:

NAME: _____ Mr. Ms. Dr. Other: _____

HOME ADDRESS: _____

EMAIL: _____

PHONE: home: _____ work: _____ Cell: _____

WORK ADDRESS: _____

CURRENT POSITION: _____

CURRENT EMPLOYER: _____

Length of time in current position: _____

HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENSE:

YES NO – If yes and would like to explain, please use a separate sheet.

HAVE YOU, OR A CORPORATION CONTROLLED BY YOU EVER FILED FOR BANKRUPTCY?

YES NO – If yes and would like to explain, please use separate sheet.

Are you governed by a College or other regulating body?

YES NO

If so, have you ever been the subject of a disciplinary investigation by such body?

YES NO – If yes and would like to explain, please use separate sheet

EDUCATION AND WORK EXPERIENCE:

Resume Attached

Brief Statement of Interest Attached

(please describe why you would like to join the CFAS Board and which skills you feel you would bring to the Board)

MEMBERSHIP:

Are you currently a member of the CFAS ? YES NO

if yes, since when: _____

Please note that Board of Directors positions are only open to members of the CFAS in good standing.

What type of membership category are you ?

Physician (medical expert)

Other Professionals (non-MD)

Fellows and Residents

Students and Post Grads

If “Other Professionals” please specify your experience in the fields of fertility or andrology:

AREAS OF EXPERTISE:

The CFAS seeks a complementary balance of knowledge, skills and experience at a governance level. Please identify those areas in which you have basic or advanced competencies and areas you are interested in. In a few words, please explain any education/work experience associated with each skill.

SKILL	BASIC	ADVANCED	EDUCATION/ EXPERIENCE
Business Management			
Education/Training			
Finance/Accounting			
Governance/Leadership			
Human Resources			
Government / Political Acumen			
Fundraising / Grant Writing			
Healthcare Administration / Policy			
Event Planning			
Legal			
Sales & Marketing			
Public Relations / Communications			
Quality / Risk Management			
Strategic Planning			
Other (specify):			

COMMITTEES

Would you be interested in joining one of the Board's Committees ?

YES NO

- Finance Committee:
- Communications Committee:
- Scientific Program Committee:

- Government Relations Committee:
- Nominations Committee:

BOARD EXPERIENCE

Please list boards and committees that you serve on or have served on and a short statement of goals accomplished.

ORGANIZATION	ROLE / TITLE	DATES OF SERVICES

REFERENCES

1 st REFERENCE:		2 nd REFERENCE:	
Relationship:		Relationship:	
Telephone:		Telephone:	
Email:		Email:	

I attest that the information provided is accurate and true,

DATE: _____(dd-mm-yyyy)

APPLICANT NAME: _____
(Please Print)

I hereby certify that the above information given is true and correct as to the best of my knowledge. I understand that a false statement may disqualify my membership, and will result in my removal from the Board of Directors.

APPLICANT SIGNATURE: _____