



SASKATCHEWAN DENTAL HYGIENISTS' ASSOCIATION

1024 8th Street East
Saskatoon, SK. S7H 0R9

Tel (306) 931-7342 Fax (306) 931-7334
E-mail: sdha@sasktel.net

Call for Nominations



At this time, the SDHA is extending a Call for Nominations for two (2) Registered Dental Hygienists who are interested in serving on the SDHA Council for a three (3) year term - September 2016 through September 2019. The election to fill the Council vacancies will occur at the SDHA AGM, Saturday, September 17, 2016.

The SDHA Council consists of 6 elected dental hygienists and 3 public representatives appointed by government.

Now is the opportune time to consider the difference your participation could make on the SDHA Council. If you or someone you know is interested in contributing their time, talent and wisdom to the growth of the SDHA, **please submit the Biography Form (enclosed) to the SDHA office no later than Tuesday, August 23, 2016.**

In keeping with its commitment to governance excellence, the SDHA Council is seeking individuals who have characteristics that support the goals and core values of the organization:

- Commitment to linking with the legal and moral ownership. This includes an understanding that council members, individually and collectively, are stewards for the organization.
- Ability to think in terms of systems and context – to see the big picture.
- Interest in and capability to discuss the values underlying the actions taken in the organization, and to govern through the broader formulation of those values.
- Moral courage and the willingness to value reasonable risk and innovation that furthers the organization.
- Willingness to delegate the operational detail to others.
- Ability and willingness to deal with the vision and the long term, rather than the day to day details.
- Ability and willingness to participate assertively in deliberation, while respecting the opinions of others.
- Willingness and commitment to honor council policies and decisions.
- Commitment to withhold judgments in the absence of previously stated criteria.
- Willingness to engage in the orientation, training and ongoing study and application of the Policy Governance® model of governance.

SDHA Council Role and Responsibilities:

- Attend all Council meetings and the AGM. Council meetings will be held 3-4 times per year at a time mutually agreeable to all.
- Provide governance and leadership to the SDHA through administration of the Act, Regulations and By-Laws.
- Exercise the rights, powers and privileges of the SDHA.
- Establish and monitor registration and continuing competency requirements.
- Appoint and oversee the work of the committees established.
- Establish and monitor Regulations, By-Laws, Standards of Practice and Competencies.
- Provide direction to the Registrar-Executive Director.

The Nomination and Biography Forms are also available on our website at www.sdha.ca. Forms may be mailed, faxed or emailed and must be received by Tuesday, August 23, 2016.

It is expected that nominees be present at the AGM to introduce themselves and express their desire to be part of the SDHA Council. If you are unable to attend, please contact the Registrar at 306-931-7342 ext. 4 or sdha@sasktel.net.

Sincerely,

Leanne Huvenaars, Lynn Johnson, Janel Parkinson, and Ray Sass
SDHA Nominations Committee

Please send the Biography Form to:

Saskatchewan Dental Hygienists' Association
1024 8th Street East
Saskatoon SK S7H 0R9
Fax 306-931-7334
Email: sdha@sasktel.net

SDHA Biography Form

Please send the Biography Form to the SDHA Office by August 23, 2016:
1024 8th Street East, Saskatoon, SK S7H 0R9, Fax: 306-931-7334 or Email: sdha@sasktel.net

Name: _____

Address: _____

Telephone: Home _____ Work _____

Email: _____

I, _____ (please print) would like to let my name stand for election to the SDHA Council at the Annual General Meeting, and authorize the SDHA to circulate my name and biographical information for review and consideration by all voting members.

SDHA License Number: _____ Signature _____

Education:

Dental Hygiene Program/Institution:

Year of graduation: _____

Other Relevant Post-Secondary:

Dental Hygiene Professional Experience(s):

Please include practice settings and areas of responsibility.

Volunteer and/or Professional Activities:

Please include past or present experiences on Board(s), Council(s), or Committee(s)

