



# LPNABC Committees

## Application Form

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Thank you for your interest in serving on an LPNABC committee.

Fill in this form and submit it with your resume to LPNABC by email or mail:

[info@lpnabc.ca](mailto:info@lpnabc.ca)

LPNABC  
9912 Lougheed Hwy, Burnaby, BC. V3J 1N3

Please refer to the LPNABC Committee Policies Manual for committee functions and member requirements.

Indicate which committee(s) you are interested in.

If there are no current openings, we will keep your information on file for two years.

LPNABC Committees:

**Education Coordinator**

Purpose:

Participate in ongoing consultations regarding PN practice based on the ASI Blueprint  
Advocate for advancement and professional excellence in Practical Nursing programs in BC  
Promote the LPNABC to Practical Nursing Students

**Legislation and Bylaw Committee**

Purpose:

To review and make recommendations to the Board on matters pertaining to the Bylaws and Policies

**Regional Liaison**

Purpose:

Liaison between LPNABC Regional Representatives and LPNABC Board Members  
Recruitment, organization, and supervision of LPNABC Regional Representatives

**Regional Representative**

Purpose:

To promote the LPNABC within their region  
To engage and support LPNABC members in their region

**Conference Committee**

Purpose:

To organize the LPNABC Annual conference and in collaboration with the LPNABC Executive Board Annual General Meeting

**Nominations Committee**

Purpose:

To screen and establish a slate of nominated candidates for elected positions

Oversee and conduct all aspects of LPNABC elections

**Promotions Committee**

Purpose:

To promote the LPNABC to the LPNs, public, and stakeholders

To increase the recognition of LPNs

To recruit and retain LPNABC members

**Communications**

Purpose:

To communicate LPNABC news and activities to members and the public

**Finance Committee**

Purpose:

To assist the Board regarding the income and dispersal of funds.

To give direction to the Treasurer

To review financial statements

To review draft budget

About you:

Name

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Email

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CLPNBC License Number: \_\_\_\_\_ LPNABC Membership Number: \_\_\_\_\_

Employer

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Position (title)

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Current or past LPNABC participation

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**Skills and Experience**

1. In 100 words or less, tell us why you want to serve on the committee(s).