



Health Sciences  
Association of  
Saskatchewan

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**DATE:** JULY 31, 2024  
**TO:** ALL HSAS GENETICS COUNSELLORS, INFECTION CONTROL PRACTITIONERS, HEALTH EDUCATORS, DENTAL HEALTH EDUCATORS, PUBLIC HEALTH INSPECTORS, DENTAL THERAPISTS, DENTAL HYGIENISTS, POPULATION HEALTH PROMOTION PRACTITIONERS, AND THERAPY EDUCATORS  
**FROM:** AL BOUTIN, EXECUTIVE DIRECTOR  
**RE:** ELECTION TO FILL EXECUTIVE COUNCIL SEAT

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The Health Sciences Association of Saskatchewan (HSAS) Constitution and Bylaws require vacant Executive Council seats to be filled by ballot.

The current term of the seat on Executive Council representing the above-named professions will expire this fall. The new term of this seat will be for two years and will commence immediately following the 2024 HSAS AGM.

### **What is Executive Council?**

- Executive Council is the legislative and policy making body which manages the affairs of HSAS between Annual Conventions.

### **Why should I run for Executive Council?**

- It provides opportunities for yourself and fellow Members to participate in the governance of HSAS and the establishment of HSAS policies that work toward the continued improvement in the Members' work environment.

### **Do I need previous Union experience to be an Executive Council Member?**

- No. For most Members, serving on Executive Council is a learning experience. We learn together and help one another. New Council Members will also receive an orientation following the Annual Convention.

## What is the time commitment?

- Executive Council meets approximately six (6) times per year.
- Time commitment will include meeting preparation, attendance at Council meetings and Annual Convention, and committee work.

## Are my expenses covered?

### Time:

- HSAS has an established process whereby you do not lose wages for a scheduled shift you miss as a result of attending a meeting or attending to other approved Union business. For Union or committee time that you work on a day when you are not scheduled to be at work, an hourly stipend will be paid as per the current HSAS Expense Reimbursement Guidelines.

### Travel:

- Travel and other incurred expenses are compensated for as per the current HSAS Expense Reimbursement Guidelines.

## What is involved in the election process?

1. Complete the attached nomination form and ensure it is **received** in the Saskatoon HSAS office by fax, email, or mail no later than **12:00 p.m. on August 30, 2024.**

**#42 - 1736 Quebec Avenue  
Saskatoon, SK S7K 1V9  
Fax Number: (306) 955-3396  
Email: [hsasstoon@hsas.ca](mailto:hsasstoon@hsas.ca)**

Confirmation of receipt of nominations will be given. Please provide a non-work email address to be used for the confirmation notice.

Note - Both the nominee and nominator must be active members of HSAS and the group which the nominee hopes to represent.

2. If more than one (1) nomination is received, candidate profiles and ballots will be provided to each Genetics Counsellor, Infection Control Practitioner, Health Educator, Dental Health Educator, Public Health Inspector, Dental Therapist, Dental Hygienist, Population Health Promotion Practitioner, and Therapy Educator
3. Results of the election will be posted on the HSAS website at **[www.hsas.ca](http://www.hsas.ca)** and will be announced at the Annual Convention on **October 25, 2024.**

# HSAS EXECUTIVE COUNCIL

## NOMINATION FORM

\*\*\*Must be received in the HSAS Saskatoon Office no later than **12:00 p.m.** on  
**August 30, 2024**\*\*\*

**#42 - 1736 Quebec Avenue  
Saskatoon, SK S7K 1V9  
Fax Number: (306) 955-3396  
Email: [hsasstoon@hsas.ca](mailto:hsasstoon@hsas.ca)**

I hereby nominate \_\_\_\_\_ to be a  
representative on Executive Council for **Genetics Counsellors, Infection Control  
Practitioners, Health Educators, Dental Health Educators, Dental Therapists,  
Dental Hygienists, Public Health inspectors, Population Health Promotion  
Practitioners, and Therapy Educators.**

\_\_\_\_\_  
Consent of Nominator  
(Please print your name)

\_\_\_\_\_  
(Please sign your name)

I, \_\_\_\_\_, do hereby stand for election  
to the position indicated above and, if I am elected, will accept the  
responsibilities of that position.

I hereby stand for the two (2) year term that expires immediately  
following the 2026 HSAS AGM

\_\_\_\_\_  
Consent of Nominee  
(Please print your name)

\_\_\_\_\_  
(Please sign your name)

Non-work Email Address: \_\_\_\_\_

Note - Both the nominee and nominator must be active members of HSAS and  
members of the group the nominee wishes to represent.

