**APPLICATION for an ELECT OFFICER POSITION WITH THE**

 **2021 AMERICAN DIABETES ASSOCIATION**

**NATIONAL BOARD OF DIRECTORS**

This is the application to be completed for consideration to be an Elect-Officer of the American Diabetes Association’s National Board of Directors. **For optimal consideration, we request your application be received by 8:00 pm (EST) Sunday, September 13, 2020.**

Application submissions should include: 1. a resume or CV (up to the first 5 pages only) as a separate attachment; 2. a headshot photo; and, 3. a completed conflict of interest (COI) disclosure statement. Note, headshot photo guidelines and the COI disclosure statement are available on the applications website at [diabetes.org/application](http://www.diabetes.org/application). Please submit all materials via email to ADAApplications@diabetes.org.

Please review the specific position description, letter of agreement, conflict of interest policy, and other resources available on the call for applications website ([diabetes.org/application](http://www.diabetes.org/application)) before beginning the application process.

**Section I: Applicant Information**

**Applicant Name:**

|  |
| --- |
|  |

**I wish to be considered for the following position (check one):**

 Chair of the Board-Elect

 President-Elect, Healthcare and Education

 President-Elect, Medicine and Science

 Secretary/Treasurer-Elect

**Why do you seek this elect officer position on the American Diabetes Association Board of Directors?** (*Note, field maximum is 1,500 characters.)*

|  |
| --- |
|  |

**Please outline the specific skills you bring, or contributions you hope to make and the connections, resources, and expertise you have to offer and are willing to use on behalf of the American Diabetes Association in this capacity.** (*Note, field maximum is 1,500 characters.)*

|  |
| --- |
|  |

**Section II: Professional Information**

**Business Name:**

|  |
| --- |
|  |

**Business Industry:**

|  |
| --- |
|  |

**Business Title:**

|  |
| --- |
|  |

**Applicant’s Education/Certification/Licensure (e.g. MD, PhD, CDE, RN, MBA, CPA):**

|  |
| --- |
|  |

**Specific Areas of Professional Expertise (check all that apply):**

 Adult Care

 Board Development

 Bylaws creation and modification

 Communications/Public Relations

 Compliance

 Diabetes Education

 Executive Management

 Finance & Banking

 Fundraising

 Governance and Oversight

 Government Relations

 Grants and Foundations

 Human Resources Management

 Information Technology

 Insurance

 Legal

 Marketing/Brand Strategy

 Patient Advocate

 Patient Care

 Pediatric Care

 Public Health

 Public Policy

 Research and Development

 Intellectual Property Protection and

 Licensing

 Mergers and Acquisition

 Regulatory

 Other (please specify any other areas of expertise):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate if you are a health care professional:**

 Yes

 No

**Please indicate your primary area of responsibility (please select only one category):**

 Administrator

 Clinician

 Researcher

 Other (Please Specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III: Personal Information and Preferred Mailing Address**

**Street Address:**

|  |
| --- |
|  |

**City: State (2-letter abbreviation e.g. VA): Postal Code:**

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Please identify address type:**  Home Work

**Home Phone (XXX-XXX-XXXX):**

|  |
| --- |
|  |

**Work Phone (XXX-XXX-XXXX):**

|  |
| --- |
|  |

**Fax (XXX-XXX-XXXX):**

|  |
| --- |
|  |

**Cell (XXX-XXX-XXXX):**

|  |
| --- |
|  |

**Email:**

|  |
| --- |
|  |

**Gender:**

 Male

 Female

**Date of Birth (MM/DD/YYYY):**

|  |
| --- |
|  |

**Race/Ethnicity:**

 American Indian or Alaska Native

 Asian American

 Black or African American

 Hispanic or Latino

 Native Hawaiian or Other Pacific Islander

 White

 Two or More Races/Ethnicities (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV: Resume/CV**

**Applicant’s personal bio or resume/CV. If attaching resume/CV, please include only the first five pages as a separate attachment to your email submission.**

|  |
| --- |
|  |

**Section V: Previous Volunteer Service**

**If you have served as a member of a national Board of Directors (for organizations other than the American Diabetes Association), please briefly explain your prior experience in this area. Be sure to include the name of the organization(s) and any officer experience.**(*Note, field maximum is 1,500 characters.)*

|  |
| --- |
|  |

**Section VI: Submission Instructions**

|  |
| --- |
| **Submission Instructions:**For optimal consideration, application must be received by/before 8:00 p.m. (EST), Sunday, September 13, 2020.All submissions must include:* Completed application
* A resume or CV (up to the first 5 pages only) as a separate attachment
* Headshot - photo guidelines available [diabetes.org/application](http://www.diabetes.org/application)
* Signed Conflict of Interest disclosure statement as a separate attachment – download from

[diabetes.org/application](http://www.diabetes.org/application) **Please submit all materials via email to** **ADAApplications@diabetes.org****.** |

**Submission Date (MM/DD/YYYY):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact Tiffany Ingram, Chief of Staff and Board Liaison, Executive Office, directly at (703) 299-2002 or tingram@diabetes.org

7/23/2020