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

**2023 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, August 7, 2022.**

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](mailto: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, August 7, 2022.  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**](mailto: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](mailto:tingram@diabetes.org)

6/22/2022