

**APPLICATION for an ELECT OFFICER POSITION WITH THE
2024 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) Friday, October 20, 2023.**

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. 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) 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):

- | | |
|---|---|
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Finance & Banking |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Bylaws creation and modification | <input type="checkbox"/> Governance and Oversight |
| <input type="checkbox"/> Communications/Public Relations | <input type="checkbox"/> Government Relations |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Grants and Foundations |
| <input type="checkbox"/> Diabetes Education | <input type="checkbox"/> Human Resources Management |
| <input type="checkbox"/> Executive Management | <input type="checkbox"/> Information Technology |

- | | |
|---|---|
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Research and Development |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Intellectual Property Protection and Licensing |
| <input type="checkbox"/> Marketing/Brand Strategy | <input type="checkbox"/> Mergers and Acquisition |
| <input type="checkbox"/> Patient Advocate | <input type="checkbox"/> Regulatory |
| <input type="checkbox"/> Patient Care | |
| <input type="checkbox"/> Pediatric Care | |
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Other (please specify any other areas of expertise): |
| <input type="checkbox"/> Public Policy | |
-

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:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White |
| <input type="checkbox"/> 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), Friday, October 20, 2023.

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
- Signed Conflict of Interest disclosure statement as a separate attachment – download from 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 t Ingram@diabetes.org