

APPLICATION for Member of the 2024 AMERICAN DIABETES ASSOCIATION NATIONAL BOARD OF DIRECTORS

This is the application to be completed for consideration to be a Member 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 Board member 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:

Why do you seek a 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. (*Note, field maximum is 1,500 characters.*)

Are you willing to contribute financially to the American Diabetes Association and/or ask others to do so?

- ☐ Yes
- ☐ No

Can you commit to attending three to four meetings per year and periodic conference calls?

- ☐ Yes
- ☐ No

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"/> Board Development
<input type="checkbox"/> Bylaws creation and modification
<input type="checkbox"/> Communications/Public Relations
<input type="checkbox"/> Compliance
<input type="checkbox"/> Diabetes Education
<input type="checkbox"/> Executive Management
<input type="checkbox"/> Finance & Banking
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Governance and Oversight
<input type="checkbox"/> Government Relations
<input type="checkbox"/> Grants and Foundations
<input type="checkbox"/> Human Resources Management
<input type="checkbox"/> Information Technology
<input type="checkbox"/> Insurance | <input type="checkbox"/> Legal
<input type="checkbox"/> Marketing/Brand Strategy
<input type="checkbox"/> Patient Advocate
<input type="checkbox"/> Patient Care
<input type="checkbox"/> Pediatric Care
<input type="checkbox"/> Public Health
<input type="checkbox"/> Public Policy
<input type="checkbox"/> Research and Development
<input type="checkbox"/> Intellectual Property Protection and Licensing
<input type="checkbox"/> Mergers and Acquisition
<input type="checkbox"/> Regulatory

<input type="checkbox"/> 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:
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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. 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.*)

Do you have any experience volunteering for the American Diabetes Association?

- ☐ Yes, I have volunteered at the local community level only
- ☐ Yes, I have volunteered at the national level only
- ☐ Yes, I have volunteered at both the local community and national levels
- ☐ No

If yes, during what time period did you volunteer for the Association as noted above?

If you have volunteered for the American Diabetes Association at the local community level, please indicate in what location (City, State) you served and the nature of your service:

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 tingram@diabetes.org