

American Diabetes Association (ADA) Professional Practice Committee Application Form

About: The Professional Practice Committee (“PPC”) is an interprofessional expert committee comprised of physicians, physician associates, pharmacists, nurse practitioners, diabetes care and education specialists, registered dietitian nutritionists, behavioral health professionals, and others. The committee’s expertise spans various fields, including but not limited to adult/pediatric endocrinology, primary care, epidemiology, public health, behavioral health, cardiovascular risk management, microvascular complications, nephrology, neurology, ophthalmology, podiatry, clinical pharmacology, preconception and pregnancy care, older adult care, weight management and diabetes prevention, diabetes technology as well as other members of the diabetes care team as appropriate.

The PPC’s primary role is to participate in the development, update, review, approval, and publication of the *Standards of Care in Diabetes* (“SOC”). In addition to the SOC, the committee oversees the review of ADA’s consensus reports and scientific statements and review external documents for ADA endorsement consideration.

Each year the ADA conducts a National Call for the Professional Practice Committee.

Applications are evaluated based on area of expertise and excellence in leadership, collaboration, communication, writing and editing, commitment to evidence-based practice, and both availability and commitment to the guideline development process. More information may be requested from applicants as necessary and appropriate.

Applications will be accepted by email submission only. See page 7, ‘Submission Instructions,’ under ‘Section VI: References and Submission Instructions,’ for requirements.

Section I: Information

Name:

Please refer to the description of the PPC above and explain how you meet the criteria and why you wish to serve on this committee (250 word maximum).

Section II. Professional Information

Institution/health system:

Education/certification licensures:

Institution/health system address:

City: _____ **State/country:** _____

Business phone: _____ **Cell phone:** _____

Email: _____

Specialty: _____

Please indicate area(s) of responsibility:

Administrator

Clinician

Researcher

Other: _____

Section III. Additional Information

Secondary email:

Gender:

Male

Female

Category/Identity Not Listed (Please Specify): _____

Race/ethnicity:

American Indian or Alaskan Native

Asian American

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

- White
- Two or More Races/Ethnicities (Please Specify): _____
- Category/Identity Not Listed (Please Specify): _____

Preferred method of contact (email, phone, administrative assistant if applicable):

Section IV: Past ADA Volunteer Experience

Please provide any history of volunteering for the American Diabetes Association (250 word maximum):

Please indicate on which American Diabetes Association National Committee(s) or Panel(s) you have served (or are currently serving) as a chair, member, expert, or consultant (check all that apply):

Professional Practice Committee (year(s)): _____

Expert to Professional Practice (year(s)): _____

Technical Expert Panel (consensus report(s), year(s)): _____

Consultant (project, year(s)): _____

Interest Group Leadership Team (group and role, year(s)): _____

Other (please specify group/role, year(s)): _____

Section V: Relevant Experience and Expertise Outside the ADA

Please describe relevant experience/expertise in areas on the development of clinical practice guidelines and/or consensus reports. Please specify the organization(s) if outside the American Diabetes Association.

A large, empty rectangular box with a thin black border, intended for the user to provide details on their relevant experience and expertise outside the ADA. The box is currently blank.

Section VI: References and Submission Instructions

Please provide the name and contact information for 3-5 references:

Name, Title	Email	Relationship

Submission Instructions:

- Applications will be accepted via email submission only.
- To be considered, submission email must include both the completed application form and updated CV
- Completed applications must be received to ADAApplications@diabetes.org with Drs. Elizabeth Pekas (epekas@diabetes.org) and Kirthikaa Balapattabi (KBalapattabi@diabetes.org) copied on the email.
- See <https://diabetes.org/about-us/board-of-directors/national-committees-call-applications> for deadlines.

Statement to be read and acknowledged by applicant: By entering your name in the “Applicant Name” area below and submitting this form to the American Diabetes Association, you are confirming that the information you have provided in this application is accurate, and you are willing to serve if selected.

Applicant Name: _____

Date: _____