

APPLICATION for a POSITION WITH THE

2025 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) July 31, 2024.**

Application submissions should include: 1. a CV as a separate attachment and, 2. a completed conflict of interest (COI) disclosure statement, and 3. Names and contact information for 3 professional references. 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
* Member of the Board

**Have you previously applied for a position on American Diabetes Association Board of Directors?**

* Yes
  + If yes, what year(s) did you previously apply? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* No

**Why do you seek a position on the American Diabetes Association Board of Directors?**

(*Note, field maximum is 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 1500 characters.)*

**Please describe your past leadership experience and any previous patient and/or diabetes advocacy efforts you have contributed to.** (*Note, field maximum is 500 characters.)*

**Healthcare professionals, should complete this question and the next one.**

**Please describe your research background, interests, and experience as they relate to diabetes care and/or education.** (*Note, field maximum is 500 characters.)*

**Please describe your clinical experience in diabetes care and/or education, including a description of the population(s) you serve and your specialty.** (*Note, field maximum is 500 characters.)*

# Section II: Professional Information

**Employer:**

**Title:**

**Education/Certification/Licensure (e.g. MD, PhD, CDCES, RN, RDN, PharmD, MBA, CPA):**

# For Health Care Professionals, indicate your specialty (check all that apply):

* Endocrinology
* Primary Care
* Obesity
* Nutrition
* Pharmacy
* Nursing
* Diabetes education
* Behavioral psychology
* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 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):**

**Preferred Email:**

**Gender:**

* Male
* Female
* Other
* Prefer not to disclose

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

**Which of the following best describes you?**

* White or Caucasian
* Black or African American
* Hispanic, Latinx, or Spanish
* East Asian
* South Asian
* American Indian or Alaska Native
* Middle Eastern or North African
* Native Hawaiian or Other Pacific Islander
* Mixed race, ethnicity, or origin
* Other race, ethnicity, or origin
* Prefer not to answer

# Section IV: Previous Volunteer Service

**Please summarize your service contributions to the American Diabetes Association to date. Please include a description of both national and local/regional service contributions and any leadership roles (i.e. national committees, local community leadership boards, fundraising, advocacy, etc).** (*Note, field maximum is 1,500 characters.)*

**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), July 31, 2024.

All submissions must include:

* Completed application
* Full CV as a separate attachment
* Names of 3 references with contact information (phone and email)
* 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)**.**

**References (include name, phone and email)**

**1.**

**2.**

**3.**

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

If you have any questions, please contact Stephanie Williams Board Liaison, Executive Office, directly at 585-330-5255 or swilliams@diabetes.org.

6/2024