



2025 Application for National Board of Directors

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**.

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: Application Information

Applicant Name

I wish to be considered for the following position (check one):

- Chair of the Board-Elect
- President-Elect, Health Care and Education
- President-Elect, Medicine and Science
- Secretary/Treasure-Elect
- Member of the Board

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

Yes | What year did you apply?

No

Why do you seek a position on the American Diabetes Association Board of Directors?
(500 characters)

Please outline any 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. (1500 characters)

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

Health care 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. (500 characters)

Please describe your clinical experience in diabetes care and/or education, including a description of the populations(s) you serve and your specialty. (500 characters)

Section II: Professional Information

Employer:

Title:

Education/Certification/Licenses (MD, PhD, CDCES, RN, RDN, Pharma D, MBA, CPA):

Only 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
- Bylaw 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

Mailing Address:

City: **State:** **Zip:**

Address type (home/work)

Home phone:

Work phone:

Cell phone:

Email:

Gender:

- Male
- Female
- Other
- Prefer not to disclose

Date of birth:

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). (1500 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. (1500 characters)

Section V: 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

Please submit all materials via email to 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](tel:585-330-5255) or swilliams@diabetes.org.