

**AMERICAN ACADEMY OF PEDIATRICS**

**FACT SHEET FOR INDIVIDUALS NOMINATED FOR NATIONAL COMMITTEES**

Committee appointments are made on the basis of knowledge, expertise, and interest. Within this context, AAP membership demographics such as gender, ethnicity, geographic distribution, and participation in Academy activities will be considered. Membership dues must be current.

*Please type or print*

<b>Committee on</b>		<b>District</b>	
<b>Name</b>	<b>Member ID #</b>	<b>Membership Current?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>Office Address</b>		<i>Check to make this your preferred address for Committee Appointment Correspondence</i> <input checked="" type="checkbox"/>	
<b>City</b>	State          ZIP Code	<b>Office Phone</b> (   ) -	
<b>E-Mail</b>		Include area code <b>Office FAX</b> (   ) -	
<b>Home Address</b>		<i>Check to make this your preferred address for Committee Appointment Correspondence</i> <input type="checkbox"/>	
<b>City</b>	State          ZIP Code	<b>Home Phone</b> (   ) -	
<b>Medical School &amp; Graduation Year</b>	<b>Year Elected as Fellow of AAP</b>	<b>Gender</b>	<b>Ethnicity</b> (Optional)

**PRESENT POSITION**

*Please indicate the average number of hours/week spent in each of the 5 designated activities listed below:*

**Practice Involving the Direct Care of Patients**, both inpatient and outpatient care ..... \_\_\_\_\_  
(Exclude teaching, training, research and include time spent on record keeping and other office/administrative work)

**Administration** other than own practice ..... \_\_\_\_\_  
(Include activities related to planning or management of services in hospitals or other health facility/agency, or as a salaried administrative staff member or executive of an organization)

**Medical Teaching** ..... \_\_\_\_\_  
(Include hours spent in teaching/training/writing scientific materials for professional publications, preparation in your office, hospital, educational institutions)

**Medical Research** ..... \_\_\_\_\_  
(Funded or unfunded, performed in your office or elsewhere)

If you are **not** selected as Committee Member and currently do not serve on the committee, do you wish to be considered for a member position if there is a vacancy?..... Yes  No

**Other Medical Activities NOT Involving the Direct Care of Patients**  
(such as IRB, credentialing, CME participation, volunteer work, community services, etc) ..... \_\_\_\_\_  
Please specify:

What additional ethnic/cultural experiences will you bring to the group?

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How will your interests and expertise serve to complement this committee?

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Describe in detail your activities in AAP Chapter or National Committee/Section.

Are you a member of your AAP chapter? YES  NO

*Reappointment to a national committee is partially contingent on active participation in the chapter.*

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Have you served on a national committee? (If yes, list below) YES  NO

Community activities (ie, school board, health department, Head Start, health centers, community planning, regional medical programs, etc)

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If appointed, will you serve? YES  NO

*If you are appointed to an AAP National Committee, you will be requested to complete a conflict of interest statement.*

**PLEASE SUBMIT YOUR BIOSKETCH ALONG WITH THIS COMPLETED FACT SHEET TO YOUR CHAPTER PRESIDENT AND SEND A COPY TO THE AAP CENTRAL OFFICE AT [nominations@aap.org](mailto:nominations@aap.org) or by mail to:**

**American Academy of Pediatrics  
Department of Community & Specialty Pediatrics  
141 Northwest Point Blvd  
Elk Grove Village, IL 60007-1098**

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***I understand that completion of this form in no way implies an appointment to this committee. Also, nominees for member of a national committee or task force are hereby notified that the Academy cannot fund any portion of a secretary's salary. Should secretarial services become essential for a specific activity, this will require advance approval of the Executive Director.***

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Signature

Date

(Check here to indicate your electronic signature, agreeing to the conditions set forth above).