



## **ABAI Ambassador Self-Nomination**

An ABAI Ambassador will help educate physicians, patients, specialty organizations, policy makers and other stakeholders about the value of ABAI Board certification and the ABAI Maintenance of Certification (MOC) Program.

Ambassadors may be called upon to serve as local and regional information resources for communication of issues of importance to the specialty of Allergy and Immunology and the ABAI. Ambassadors may be called upon to conduct presentations on behalf of the ABAI on issues relevant to certification, and to provide facts and constructive comments on the advantages of continuing certification and the CAP program to physicians, credentialers, legislators, regulators and other stakeholders. Ambassadors may also be called upon to assist with advocacy efforts of the American Board of Medical Specialties.

Ambassadors will serve terms renewable every two years which is dependent on Meeting MOC requirements and past performance as an Ambassador.

### **ABAI Ambassador Nominee Criteria**

ABAI diplomates who wish to submit a nomination for an Ambassador position must meet the following criteria:

- a physician duly licensed to practice medicine
- a member of at least one of the ABAI sponsoring organizations:
  - American Academy of Allergy Asthma & Immunology (AAAAI)
  - American Academy of Pediatrics, Section of Allergy & Immunology (AAP)
  - American Association of Immunologists (AAI)
  - American College of Allergy Asthma & Immunology (ACAAI)
  - American College of Physicians (ACP)
  - American College of Rheumatology (ACR)
  - American Medical Association (AMA)
  - Clinical Immunology Society (CIS)
- willing to abide by all ABAI policies
- required to participate in initial and periodic training
- initially certified by either the ABIM or ABP, and currently certified by ABAI
- currently participating in the ABAI MOC program and meet all MOC requirements at the time of self-nomination as well as throughout their term as an Ambassador

ABAI Diplomates who wish to submit a self-nomination must be willing to:

- abide by the ABAI Conflict of Interest Policy
- abide by the ABAI Speaking Engagement Guidelines

### **MOC Annual Fee Exception**

- MOC annual fee will be waived for Ambassador's who complete at least one local engagement each year while serving as an ambassador.

### **Submitting a Nomination**

To submit an ABAI Ambassador self-nomination to the ABAI, please send the following documentation to [selfnominations@abai.org](mailto:selfnominations@abai.org).

- A cover letter indicating your motivation, interest and willingness to serve if selected indicating any similar previous experiences
- Completed Nomination Form
- Current Curriculum Vitae

**This application closes on August 31, 2021 at 11:59 PM EDT.**

**ABAI Ambassador Self-Nomination Form**  
**(To be completed by Nominee)**

**Nominee Information**

Full Name & Degrees: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers (for ABAI office use only):

Professional: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Current member of which ABAI sponsoring organizations (mark all that apply):**

- AAAAI       ACAAI       AAP       AMA       CIS

**Current Work Place Type (mark all that apply):**

- Private Practice (solo)  
 Private Practice (Group)  
 Community Based Hospital  
 Medical School/Academic Center  
 Non-Hospital or Practice Venue (Describe): \_\_\_\_\_

**Additional Demographics:**

Gender: \_\_\_\_\_ ( I choose not to provide)  
Age: \_\_\_\_\_ ( I choose not to provide)  
Ethnicity/Race: \_\_\_\_\_ ( I choose not to provide)

**Current Position (position title, organization, city, state):**

\_\_\_\_\_  
\_\_\_\_\_

**Briefly describe your current A& I clinical practice:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Postgraduate Training**

Residency Training Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fellowship Training Program: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Certifications**

ABAI:

Initial Certification Date: \_\_\_\_\_

Recertification Date(s): \_\_\_\_\_

Participating in MOC:  Yes  No

Meeting all MOC requirements:  Yes  No  NA

ABIM  ABP  Other \_\_\_\_\_

ABIM Certification & Recertification Dates: \_\_\_\_\_

ABP Certification & Recertification Dates: \_\_\_\_\_

Other Board certifications, qualifications, designations (describe & provide dates):

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer and Leadership Experience with A & I Local, State, Regional and/or National Organizations (please describe):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Honors, Awards, Special Recognitions (most recent &/or important):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Self-declared Allergy and Clinical Immunology Areas of Expertise or Interest:**

\_\_\_\_\_  
\_\_\_\_\_

**Nominee Signature (typed)**

**Date**

\_\_\_\_\_  
\_\_\_\_\_