

ABAI Director Self-Nominations

ABAI Director Nominee Criteria

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

- a physician duly licensed to practice medicine
- a member of at least one of the ABAI sponsoring organizations
- willing to abide by all ABAI policies
- initially certified by either the ABIM or ABP, and currently certified by ABAI
- currently participating in the ABAI MOC program and be meeting all MOC requirements at the time of self-nomination

Submitting a Nomination

To submit an ABAI Director self-nomination to the ABAI, please send the following documentation to selfnominations@abai.org.

- A cover letter from you indicating your motivation and willingness to serve if elected
- Completed Nomination Form
- Current Curriculum Vitae
- Three peer letters supporting your nomination including at least 1 from a currently ABAI certified diplomate meeting MOC requirements

ABAI Directors will be responsible for:

- Attending two Board of Directors Meetings annually. Failure to attend Board of Directors Meetings or failure to meet item writing and review deadlines may result in a Director's removal from the Board as stated in ABAI bylaws
- Writing and peer reviewing items for the Certification and MOC Continuous Assessment Program (CAP)
- Standard setting exercises for examinations
- Responding in a timely manner to e-mail inquiries or votes
- serving as an officer of the Board if accepting of the nomination and elected
- serving as an examination co-chair, member of an ABAI standing committee, representative to ABIM, ABP or ABMS, or as a nominee to the ACGME Review Committee for A & I
- Maintaining ABAI certification and meeting all MOC requirements throughout the term
- Representing ABAI in various local, regional and national presentations and meetings

New directors are elected to their position by current ABAI Board members. They serve a six-year term which is non-renewable.

This application closes on August 15, 2021 at 11:59 PM EDT.



ABAI Director 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:

Race/Ethnicity: White/Caucasian Black/African American Hispanic/Latino
Asian/Pacific Islander American Indian Alaskan American Other _____

Gender: Male Female Other _____

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:

Certification Date: _____
Recertification Date(s): _____
Other Board certifications, qualifications, designations: _____

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
