



ABAI Self-Nomination Application

ABAI Board of Directors Criteria

ABAI diplomates who wish to submit an application for the ABAI board 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
- initial certification by either the ABIM or ABP, as well as the ABAI
- currently participating in the ABAI MOC program and MOC status must be “Meeting MOC Requirements” at the time of application submission as well as throughout their term on the Board, and must be meeting or above the threshold for the CAP Program
- The ABAI board member is required to serve one term (6 years).

Diplomates applying to serve on the ABAI board of directors must be willing to do the following:

- read and acknowledge the Non-Disclosure Agreement
- abide by the ABAI Conflict of Interest Policy
- abide by the ABAI Speaking Engagement Guidelines
- agree to write questions for any category that they’re assigned

CAP Exemption

Board members are exempt from taking CAP while serving on the board, and for two years after serving on the board. Following those two years, the former board member will be required to participate in CAP. However, the board member will be required to simultaneously maintain the following while serving on the board and thereafter:

- Part I: Professional Standing
- Part II: Lifelong Learning and Self-Assessment
- Part IV: Quality Improvement

Submitting an Application

To submit an ABAI Board of Director Self-Nomination application, please send the following documentation to 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
- A minimum of three letters of support



**ABAI Application for Board of Directors Self-Nomination
(Completed by Applicant)**

Applicant 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/Latinx
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 (500 characters maximum):

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

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; 500 characters maximum):

Honors, Awards, Special Recognitions (most recent &/or important; 500 characters maximum):

Self-declared Allergy and Clinical Immunology Areas of Expertise or Interest (500 characters maximum):

Applicant Signature (typed)

Date
