



# *Pediatric Care Online Editorial Board Application*

*Appointments are made on the basis of knowledge, expertise, and interest.*

Position (specific position for which you are applying): \_\_\_\_\_

Name: \_\_\_\_\_

Specialty Area: \_\_\_\_\_ AAP District: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Medical School and Year of Graduation: \_\_\_\_\_

Year Elected as Fellow of AAP: \_\_\_\_\_ Gender: \_\_\_\_\_

AAP Membership Current\*:  YES  NO AAP Member ID: \_\_\_\_\_

**\*Applicants must be current AAP members.**

## **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)

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

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**How will your interests and expertise serve to complement the editorial board?**

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**Describe your activities in AAP State Chapters or National Committees/Sections:**

**Are you a member of your AAP State Chapter?  YES  NO**

**Are you a current member on any other editorial board (including AAP publications) or the American Board of Pediatrics?  YES  NO If yes, please specify which board and the dates of your term(s) on the board:**

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

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**Please Note:** You will receive an email containing a link to an electronic disclosure form. The disclosure must be completed and submitted to be considered for an editorial board position.

**CERTIFICATION STATEMENT**

*I certify that the information provided in this application, in my CV, and in any other attachments hereto, is true and complete to the best of my knowledge. I understand that the AAP will rely upon this information in making a decision regarding this editorial board appointment. The AAP treats all nomination materials as confidential. Applications, CVs, and other documents will be kept secure and will not be shared with anyone except designated AAP staff and the editorial leadership.*

*I understand that completion of this form in no way implies an appointment to this editorial board. I acknowledge that, if appointed, I must remain a member in good standing of the AAP. I further acknowledge that, if appointed, I will promptly and fully disclose any changes or potential new conflicts of interest that may affect my ability to impartially serve as a member of this editorial board. I understand that accepting this certification statement carries the same force as a signature.*

*Please check:*

*I accept*

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*Name*

*Date*

*AAP ID*

**DEADLINE FOR RECEIPT OF NOMINATION MATERIALS IS 4:30 PM CT Monday, July 31, 2023**

**Submit materials to: Jennifer McDonald at [jmcdonald@aap.org](mailto:jmcdonald@aap.org)**