



American College of Osteopathic Internists • Stay True to Why You Pursued Medicine

ACOI BOARD OF DIRECTORS NOMINATION PACKET

Name: _____

Address: _____

Telephone: (office) _____ (cell) _____ (home) _____

E-mail Address: _____

Active Member Since: _____ Date of Degree of Fellow: _____

Why do you wish to serve on the ACOI Board of Directors? _____

List the three most important things you would like to see the Board accomplish during your tenure:

a) _____

b) _____

c) _____

Desired ACOI Board Competencies

The ACOI Board is a competency-based Board, rather than a constituency-based Board. This means that candidates for the Board must exemplify certain skills (such as leadership, personal integrity, financial acumen), rather than represent particular constituencies (such as a specific geographic region or subspecialty).

Listed below are some of the competencies that the Board as a whole must embody. Please list those items from your personal experience which illustrate your expertise in these areas. (Please keep in mind that no individual Board member is expected to have all of these competencies.)

Personal Competencies (Indicate your personal experience, where applicable)

Leadership: _____

Organizational Skills: _____

ACOI.org

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Commitment to Mission of ACOI: _____

Record of Service to Profession: _____

Medical Education Experience: _____

Fund-raising/Pharmaceutical Contacts: _____

Communication Skills: _____

Service on Other Boards: _____

Hospital/Other Committee Service: _____

Positions with other Organizations (AOA, AMA-Specialty Societies): _____

Financial Acumen: _____

Political/Government Relations Skills: _____

Marketing/Public Relations Skills: _____

Practice Management Experience: _____

Community Service: _____

Other: _____

Disclosure

Have you ever been found guilty of any infraction by a state licensure board? ____Yes ____No

ACOI Board Member Responsibilities

The ACOI Board Member Position Description/Statement of Responsibilities is attached to this Nomination form. Your signature below indicates that you have read and understood the responsibilities of Board membership, and that you agree to meet those responsibilities to the best of your ability, if nominated and elected by the Members of the ACOI.

Signature: _____ Date: _____

**PLEASE RETURN THIS FORM WITH A COPY OF YOUR CURRENT CV
TO THE ACOI OFFICE, NO LATER THAN **May 1, 2020.****

