



AAP News Editorial Advisory Board Fact Sheet

FACT SHEET FOR INDIVIDUALS NOMINATED FOR AAP NEWS EDITORIAL ADVISORY BOARD:

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

Name: _____

Specialty Area: _____ **District:** _____

Office Address: _____

City: _____ **ST:** _____ **Zip Code:** _____

Office Phone: _____ **Office FAX:** _____

Home Address: _____

City: _____ **ST:** _____ **Zip Code:** _____

Home Phone: _____ **E-Mail:** _____

Medical School & Year of Graduation: _____

Year Elected as Fellow of AAP: _____ **Gender:** M F *** Ethnicity:** _____

Membership Current: YES NO **Member ID #:** _____

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):Please specify:

*This information not required.

How will your interests and expertise serve to complement *AAP News*?

Describe in detail your activities in AAP State Chapter or National Committee/Section:

Are you a member of your state chapter? YES NO

Are you currently a member of any editorial boards? YES NO

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

If appointed, will you serve? YES NO

(Note: Please review the attached AAP Policy on Disclosure of Financial Relationships and Resolution of Conflicts of Interest for CME activities and complete the requisite AAP Full Disclosure Statement.)

CERTIFICATION STATEMENT

I certify that the information provided in this fact sheet, 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. Fact sheets, CVs and other documents will be kept secure and will not be shared with anyone except designated AAP staff and the editorial leadership of Pediatrics in Review.

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

Name

Date

AAP ID

DEADLINE FOR RECEIPT OF NOMINATION MATERIALS IS 4:30 PM CST March 26, 2010

**Marketing & Support Coordinator
Division of Scholarly Journals and Professional Periodicals
American Academy of Pediatrics
Submit materials to: dmack@aap.org
Questions to: dmack@aap.org or 800-433-9016, ext. 7909**

All nominees will be notified in June 2010 of the final decision of the AAP's Board of Directors.