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James R. Slawny
Richard J. Slawny

January 2008

Dear Fellows:

The American College of Allergy, Asthma & Immunology invites applications for Treasurer, Vice President and positions on the Board of Regents for 2008-09.

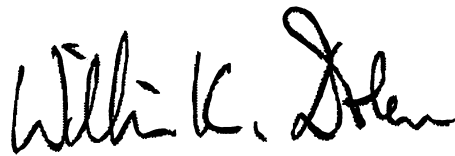
All interested Fellows are encouraged to submit the attached application with a cover letter and curriculum vitae to ACAAI no later than February 15, 2008. Applications will be reviewed by the Nominating Committee which will forward its recommendations to the Board of Regents for consideration.

The purpose of this form is to: (a) assist you in evaluating your strengths; and (b) aid the Nominating Committee in selecting the most qualified candidates.

No part of this application (or the fact you even applied) will be shared outside the committee. Please do not consider this application as being presumptuous – the bottom line is we need energetic and innovative Fellows to direct the ACAAI as we move forward.

Please note the deadline for receipt of applications is February 15, 2008.

Sincerely,



William K. Dolen, MD
Chair: Nominating Committee

Application for ACAAI Officer and Board of Regents Positions

Deadline for receipt of completed applications is February 15, 2008

I would like to be considered for the office of (check one)

- Vice President** (Applicants for this position must have previously served a three year term on the ACAAI Board of Regents)
- Treasurer** (Applicants for this position must have previously served a three year term on the ACAAI Board of Regents)
- Board of Regents** (Applicants for this position must have been a Fellow of the College for three years. Priority will be given to members having served on ACAAI committees and/or involved in College activities.)

Name: _____

Date of ACAAI Fellowship: _____ Date of ABAI Certification/Recertification: _____

ACAAI Committees served on: _____

ACAAI Committees chaired: _____

Number of Annual Meetings attended in the last 10 years: _____

Have you presented a plenary session talk or named lecture at an ACAAI Annual Meeting within the last five years?
If so, please list years and subjects. _____

Have you presented a pharmaceutical symposia talk at an ACAAI Annual Meeting within the last five years?
If so, please list years and subjects. _____

Have you presented a scientific or computer workshop at an ACAAI Annual Meeting within the last five years?
If so, please list years and subjects. _____

Have you presented a "Meet the Professor" breakfast at an ACAAI Annual Meeting within the last five years?
If so, please list years and subjects. _____

List any Allergy and/or Leadership awards won within the past 10 years. _____

List Leadership positions held in local/state/regional medical societies: _____

List ACAAI Staff you have interacted with most frequently _____

Why do you want to serve on the College leadership? _____

What do you consider to be the most successful ACAAI programs or projects? _____

What ACAAI programs or projects do you feel should be upgraded, improved or discontinued? _____

What do you see the ACAAI doing differently in five years? _____

How do you view the current relationship with the AAAAI and what would you do to change it, if anything? _____

How do you feel about the JCAAI? _____

What would you change about the Annual Meeting? _____

How could the *Annals of Allergy, Asthma & Immunology* be improved? _____

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS "YES", PLEASE PROVIDE US WITH DETAILS ON SEPARATE SHEET(S) OF PAPER.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Voluntary or involuntarily: Have any of the following ever been, or are currently in the process of being denied, revoked, suspended, relinquished, withdrawn, reduced, limited, placed on probation, not renewed, or currently pending/under investigation? | | |
| a) Medical license or registration in any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Other professional license/registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) DEA certificate of registration? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Academic appointment? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Staff membership or employment in any hospital or institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Clinical privileges, prerogatives / rights on any medical staff or health organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Board Certification | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Any other type of professional sanction? (e.g. Peer Review Organization) | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Have you resigned in order to avoid possible revocation, suspension, or reduction of privileges at any hospital or institution? | <input type="checkbox"/> | <input type="checkbox"/> |
| j) Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| k) Have you ever been investigated by any government agency or been charged with violation of federal, state, or local law (other than minor traffic violations)? | <input type="checkbox"/> | <input type="checkbox"/> |
| l) Have you ever been suspended, sanctioned, or otherwise restricted from participating in private, federal or state health insurance programs (i.e. Medicare/Medicaid)? | <input type="checkbox"/> | <input type="checkbox"/> |
| m) Have you ever been the subject of an investigation by any private, federal or state agency concerning your participation in any private, federal or state health insurance program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any malpractice actions pending against you in this state or another? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have any judgements been taken (or settlements made) in any malpractice actions against you in this state or another state during the past 10 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you currently addicted to illegal drugs and/or alcohol? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were you ever convicted of driving while impaired or under the influence of any other substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you habituated or addicted to the use of alcohol or any other drug or substance that will affect your ability to fulfill your responsibility in holding an ACAAI leadership position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had or is there any existing physical or mental health condition that would effect your ability to fulfill your responsibilities in holding an ACAAI leadership position? | <input type="checkbox"/> | <input type="checkbox"/> |

I hereby request and authorize the evaluation and validation of my credentials in accordance with, and subject to, the rules and procedures of the American College of Allergy, Asthma, and Immunology. In furtherance of my application for an ACAAI Officer or Board of Regents position, I request and authorize any hospital, medical staff, medical organization, medical practice group, federal or state agency or individual who may have information (e.g., performance evaluations, medical records, patient records, committee reports) which are deemed relevant to my fitness to serve, to provide such information to ACAAI.

I hereby waive any claim for damages, or otherwise, that I may have against any hospital, medical staff, medical organization or individual which supplies information with respect to my application and/or the ACAAI, its officers, directors, members, and agents by reason of any act of omission or commission that they, or any of them, may take in good faith in connection with this application. I understand that the decision as to whether or not I qualify for a position within ACAAI, and whether I am nominated or elected to such position, will be determined solely and exclusively by ACAAI, according to its rules, and that its decisions are final.

I represent that the information provided in this application is truthful and accurate.

SIGNATURE

DATE

Please submit this completed form along with your CV and a cover letter no later than February 15, 2008, to:
Rick Slawny, Co-Executive Director, ACAAI
85 West Algonquin Road, #550, Arlington Heights, IL 60005