



# American Society of Bariatric Physicians®

Supporting and advancing the physician's role in treating those affected by obesity.

## Leadership Application

Thank you for your interest in serving in a leadership role with the ASBP Board of Trustees! Please type your responses.

Attach additional pages as needed to provide complete answers to the following questions. Only include information and activity that has occurred within the last ten years.

*It is strongly recommended that all applicants have been an ASBP member for a minimum of 3 years, have attended a minimum of 4 ASBP conferences, and have served on a committee.*

***In order to serve on the ASBP Board of Trustees, you must be a Diplomate of the American Board of Obesity Medicine (ABOM).***

**Name** \_\_\_\_\_

### In which position(s) are you interested in serving?

☐ President-Elect (2-year term)

☐ Vice President (1-year term)

☐ Secretary/Treasurer (1-year term)

☐ Trustee (2-year term)

### Please list your involvement with ASBP committees:

| Committee Name | Position | Years Served on the Committee |
|----------------|----------|-------------------------------|
|----------------|----------|-------------------------------|

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**Please list any other professional societies or associations in which you are a member, and describe your level of involvement (i.e. committee chair, board member, etc.):**

Association Name

Level of Involvement

|  |  |
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**Please list any other professional activities (publishing, non-ASBP speaking engagements, faculty positions, etc.):**

Activity

Dates of Activity

|  |  |
|--|--|
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**What do you envision as the top 3 goals or objectives that are most important for the Society?**

*This information will be included on the ballot:*

1. 

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2. 

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3. 

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**How do you think your talents and skills could be utilized in attaining the goals and objectives for the Society?**

*This information will be included on the ballot:*

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**Please list three reasons why you wish to serve on the ASBP Board of Trustees.**

*This information will be included on the ballot:*

1. 

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2. 

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3. 

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**In what ways do you think the Society could improve?**

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Are you now, or have you ever been, under any investigation by any state regulatory agency concerning your license to practice medicine? If yes, please state the disposition of the proceedings.

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Are you now, or have you ever been, under any investigation by any federal regulatory agency (e.g., DEA, FDA or FTC)? If yes, please state the disposition of the proceedings.

*Please indicate if you do not wish to answer this question on the grounds of confidentiality*

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What products, firms, publications or promotional advertising do you endorse or allow your name to be associated with?

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Since becoming a member of ASBP, have you engaged in any activity that may have been a misrepresentation of your official position, title, or professional qualifications? If yes, please state the particulars.

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If elected and seated as a member of the ASBP Board of Trustees, how would you react to a board decision with which you personally disagreed?

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Signature \_\_\_\_\_ Date \_\_\_\_\_

#### How to Submit

Please return this application **by June 5, 2015**, via mail, email, or fax to: ASBP | 2821 S. Parker Road, Ste. 625 | Aurora, CO 80014 | [info@asbp.org](mailto:info@asbp.org) | fax: 303.779.4834