

**OBESITY TREATMENT FOUNDATION
APPLICATION FOR BOARD POSITION**

(Please retain one copy for your records and return one to the Foundation)

INSTRUCTIONS

- PLEASE TYPE OR PRINT
- ONLY INCLUDE INFORMATION WITHIN PAST 10 YEARS
- ATTACH ADDITIONAL PAGES AS NEEDED TO COMPLETE THE FOLLOWING QUESTIONS
- PLEASE SUBMIT YOUR CURRICULUM VITAE ALONG WITH THIS APPLICATION

1. DEMOGRAPHIC DATA

Name (Last) _____ (First) _____ (Initials) _____ (Degree) _____

Address _____

City _____ State _____ Zip _____

Employer _____ Position _____

Medical License Number(s) and State(s) _____

Telephone: Home () _____ Cell () _____ Work () _____

Fax: () _____

E-mail: Home _____ Work _____

2. IF ELECTED, WHAT TOP 3 GOALS OR OBJECTIVES DO YOU THINK ARE IMPORTANT FOR THE FOUNDATION?

1. _____

2. _____

3. _____

3. WHAT ARE THREE REASONS YOU WANT TO SERVE IN THE POSITION FOR WHICH YOU ARE APPLYING?

1. _____

2. _____

3. _____

4. HOW DO YOU ENVISION YOUR TALENTS COULD BE USED IN ATTAINING GOALS AND OBJECTIVES FOR THE FOUNDATION?

5. 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 disposition of the proceedings. ☐ Yes ☐ No

6. Are you now, or have been under investigation by any federal regulatory agency, e.g., DEA, FDA, or FTC? ☐ Yes ☐ No

If yes, please state disposition of the proceedings, and please state city, county, state and date of filing of these proceedings. Please indicate if you do not wish to answer this question on grounds of confidentiality.

7. If elected, how would you react to a decision that you personally disagreed with?

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

9. Do you think any of your current positions or affiliations might present a conflict of interest with your service or the Board? If so, please explain.

Printed Name

Signature

Date