



## Leadership Application

Thank you for your interest in serving in a leadership role with the OMA 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 a member for a minimum of three years, have attended a minimum of four OMA events, and have served on a committee.

In order to serve on the Board of Trustees, you must be an ABOM Diplomate.

First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Academic Designation & Professional Credentials (e.g., MD, FAAFP) \_\_\_\_\_

**In which position(s) are you interested in applying?**

☐ President-Elect (2-year term) ☐ Vice President (1-year term) ☐ Secretary/Treasurer (1-year term) ☐ Trustee (2-year term)

**List your involvement with OMA committees:**

Committee name	Position	Year(s) served on committee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Association name	Level of involvement
_____	_____
_____	_____
_____	_____
_____	_____

**List any other professional activities (e.g., publishing, non-OMA speaking engagements, faculty positions, etc.)**

Activity	Dates of activity
_____	_____
_____	_____
_____	_____
_____	_____

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

*This information will be included on the ballot*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

How do you think your talents and skills could be utilized in attaining OMA's goals and objectives?

*This information will be included on the ballot*

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List three reasons why you wish to serve on the 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 OMA could improve?

*This information will be included on the ballot*

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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 deposition 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 deposition of the proceedings.

Indicate if you do not wish to answer this question on the grounds of confidentiality

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

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

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If elected and seated as a member of the OMA 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

Return this application and any required attachments by **May 16, 2016** via fax or mail to 101 University Blvd., Ste. 330 | Denver, CO 80206 | fax: 303.779.4834