



AMERICAN ACADEMY
OF OPHTHALMOLOGY®

LEADERSHIP DEVELOPMENT PROGRAM

NOMINATION FORM



LDP XXIII
Class of 2021

LEADERSHIP DEVELOPMENT PROGRAM | NOMINATION FORM

INSTRUCTIONS

This nomination will be reviewed by the Academy's Leadership Development Program Selection Committee. Please print legibly or type the information requested. Use additional sheet(s) of paper if necessary to supplement your answers. Please do not write "See attached C.V." The Selection Committee will carefully review all applications and requires that this nomination form be completed in its entirety.

Society: Please Complete Section A

Nominee: Please Complete Section B

SECTION A

(to be completed by state, subspecialty or specialized interest society)

Nominee Profile

Name of Nominee: _____

Mailing Address: _____

Phone: _____ E-mail: _____

Practice Type: _____

Is the nominee an AAO Fellow/Member? Yes No

Description of Participation

I. Number of years as member of the nominating society:

II. Please list the state, subspecialty or specialized interest society activities in which the nominee has participated (i.e., leadership positions, committee or task force involvement, etc.).

III. Please list any leadership positions in organized medicine held by the nominee (i.e., AMA delegate or alternate delegate, state medical society board member, state medical society committee member, etc.).

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SECTION A (continued)

IV. Please list the nominee's membership in other medical associations.

V. To the best of your knowledge, are the nominee's practice principles consonant with the Academy's Code of Ethics? Yes No

VI. Please list the name(s) and the title(s) of the individual(s) submitting this nomination on behalf of your state, subspecialty or specialized interest society. Please include all information requested.

Name: _____

Title: _____

Nominating Society: _____

Address: _____

Phone: _____ Email: _____

SECTION B

(to be completed by nominee)

I. Please describe your interest in the Leadership Development Program, including why you should be selected by the Leadership Development Program Selection Committee to participate (please attach additional sheets if necessary).

II. Please describe how your participation in the Leadership Development Program might benefit your state, subspecialty or specialized interest society (please attach additional sheets if necessary).

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SECTION B (continued)

- III. In addition to participating in a leadership role in your state, subspecialty or specialized interest society, are you interested in participating on American Academy of Ophthalmology committees, task forces or projects? Yes No

If yes, please describe your areas of interest and/or expertise.

- IV. If you are being nominated by an ophthalmic subspecialty or specialized interest society, are you also a member of a state ophthalmology society? Yes No

If yes, please list the state ophthalmology society(s) for which you are an active member.

- V. If you are being nominated by a state ophthalmology society, are you also a member of an ophthalmic subspecialty or specialized interest society? Yes No

If yes, please list the ophthalmic subspecialty and/or specialized interest society(s) for which you are an active member.

- VI. If selected, I agree to participate in all designated elements of the Leadership Development Program. (i.e., attend all meetings and develop a project. See Overview brochure.)

Signature of Nominee _____ Date _____

Please include any supplementary materials you would like the Leadership Development Program Selection Committee to review concerning this nomination.

Please return the completed nomination form by May 4, 2020 to:

Leadership Development Program Selection Committee,
c/o Gail Schmidt,
American Academy of Ophthalmology,
655 Beach Street, San Francisco, CA, 94109.

Or email: society_relations@aao.org.