**American Academy of Pediatrics**

**National Conference & Exhibition Planning Group**

**Nomination Form**

*Please note: this form should be completed and submitted by the nominee.*

Name:

AAP ID #:

Email:

Office Phone:

Cell Phone:

Topics Areas to Represent (select from open topics):

Current Practice Setting:

Current Professional Position/Academic Institution:

List any specific specialties or affiliations that would benefit the National Conference Planning Group:

Nominated By (AAP group or self):

|  |  |  |
| --- | --- | --- |
| **Please indicate if you have experience with the following.** | **YES** | **NO** |
| Familiarity with ACCME Accreditation Criteria for CME Activities |  |  |
| National AAP CME activities (including section/council educational activities) |  |  |
| * *Planning* AAP National CME activities |  |  |
| * *Teaching* at AAP National CME activities |  |  |
| * *Attending* AAP National CME activities |  |  |
| Planning AAP Chapter CME activities |  |  |
| Planning Hospital or Other Local CME activities |  |  |
| Participating in **non-CME activities** of AAP committees, sections, councils, or chapters |  |  |

Are you currently a member of another AAP constituent group, such as a task force, section/council/committee executive committee, journal editorial board, CME planning group or editorial board, etc.?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

If yes, please indicate the name(s) and describe your role(s) on the AAP constituent group(s):

**Please confirm that you agree to the following:**

\_\_\_\_ I have an interest in or willingness to learn about adult education principles in order to apply them to the meeting's educational design process.

\_\_\_\_ I will attend in-person planning meetings, as appropriate.

\_\_\_\_ I will attend (in-person) the National Conference in its entirety beginning with the 2024 meeting in Orlando, FL as a participant of the planning group. I will make the monitoring and planning group responsibilities a priority at the conference.

\_\_\_\_ I am willing to communicate with the AAP’s section/council/committees and other groups to discuss proposals and faculty.

**Please email your completed nomination form, biosketch or CV and optional letters of recommendation to** [**ncesubmissions@aap.org**](mailto:ncesubmissions@aap.org) **by 5:00 PM CDT on Friday, May 19, 2023.**