



ABAI Ambassador Self-Nomination

An ABAI Ambassador will help educate physicians, patients, specialty organizations, policy makers and other stakeholders about the value of ABAI Board certification and the ABAI Continuous Certification Program (CCP) *formerly the Maintenance of Certification (MOC) Program*.

Ambassadors may be called upon to serve as local and regional information resources for communication of issues of importance to the specialty of Allergy and Immunology and the ABAI. Ambassadors may be called upon to conduct presentations on behalf of the ABAI on issues relevant to certification, and to provide facts and constructive comments on the advantages of continuing certification and the CAP program to physicians, credentialers, legislators, regulators, and other stakeholders. Ambassadors may also be called upon to assist with advocacy efforts of the American Board of Medical Specialties.

Ambassadors will serve terms renewable every two years which is dependent on Meeting CCP/MOC requirements and past performance as an ambassador.

ABAI Ambassador Nominee Criteria

ABAI diplomates who wish to submit a nomination for an ambassador position must meet the following criteria:

- a physician duly licensed to practice medicine.
- a member of at least one of the ABAI sponsoring organizations:
 - American Academy of Allergy Asthma & Immunology (AAAAI)
 - American Academy of Pediatrics, Section of Allergy & Immunology (AAP)
 - American Association of Immunologists (AAI)
 - American College of Allergy Asthma & Immunology (ACAAI)
 - American College of Physicians (ACP)
 - American College of Rheumatology (ACR)
 - American Medical Association (AMA)
 - Clinical Immunology Society (CIS)
- willing to abide by all ABAI policies.
- required to participate in initial and periodic training.
- initially certified by either the ABIM or ABP and currently certified by ABAI.
- currently participating in the ABAI CCP/MOC program and meeting all CCP/MOC requirements at the time of self-nomination as well as throughout their term as an ambassador.

ABAI Diplomates who wish to submit a self-nomination must be willing to:

- abide by the ABAI Conflict of Interest Policy
- abide by the ABAI Speaking Engagement Guidelines

CCP/MOC Annual Fee Exception

- CCP/MOC annual fee will be waived for Ambassador's who complete at least one local engagement each year while serving as an ambassador.

Submitting a Nomination

To submit an ABAI Ambassador self-nomination to the ABAI, please send the following documentation to selfnominations@abai.org.

- A cover letter indicating your motivation, interest, and willingness to serve if selected indicating any similar previous experiences.
- Completed Nomination Form
- Current Curriculum Vitae

This application closes on August 29, 2025, at 11:59 PM EDT.

**ABAI Ambassador Self-Nomination Form
(To be completed by Nominee)**

Nominee Information

Full Name & Degrees: _____

Preferred Mailing Address: _____

Phone Numbers (for ABAI office use only):

Cell: _____ Professional: _____

Home: _____

E-Mail Address: _____

Current member of which ABAI sponsoring organizations (mark all that apply):

AAAAI AAP ACAAI AMA CIS

Current Workplace Type (mark all that apply):

- Community Based Hospital
- Medical School/Academic Center
- Non-Hospital or Practice Venue (Describe): _____
- Private Practice (Group)
- Private Practice (Solo)

Additional Demographics:

Race/Ethnicity: Alaskan American American Indian Asian/Pacific Islander

Black/African American Hispanic/Latino White/Caucasian Other _____

Gender: Female Male Other _____

Current Position (position title, organization, city, state):

Briefly describe your current A & I clinical practice:

Postgraduate Training

Residency Training Program: _____

Start Date: _____ End Date: _____

Fellowship Training Program: _____

Start Date: _____ End Date: _____

Certifications

ABAI:

Initial Certification Date: _____

Recertification Date(s): _____

Participating in CCP/MOC: Yes No

Meeting all MOC requirements: Yes No NA

ABP ABIM Other _____

ABP Certification & Recertification Dates: _____

ABIM Certification & Recertification Dates: _____

Other Board certifications, qualifications, designations (describe & provide dates):

Volunteer and Leadership Experience with A & I Local, State, Regional and/or National Organizations (please describe):

Honors, Awards, Special Recognitions (most recent &/or important):

Self-declared Allergy and Clinical Immunology Areas of Expertise or Interest:

Nominee Signature:

Date:
