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 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 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 MOC program and meet all 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
MOC Annual Fee Exception

- 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 31, 2021 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):
    Professional:  ____________________  Cell: ____________________
    Home:   ____________________

E-Mail Address: ____________________________________________________________

Current member of which ABAI sponsoring organizations (mark all that apply):
    ☐ AAAAI  ☐ ACAAII  ☐ AAP  ☐ AMA  ☐ CIS

Current Work Place Type (mark all that apply):
    ☐ Private Practice (solo)
    ☐ Private Practice (Group)
    ☐ Community Based Hospital
    ☐ Medical School/Academic Center
    ☐ Non-Hospital or Practice Venue (Describe): _______________________________

Additional Demographics:
    Gender:        (☐ I choose not to provide)
    Age:          (☐ I choose not to provide)
    Ethnicity/Race:        (☐ I choose not to provide)

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 MOC: ☐ Yes ☐ No
Meeting all MOC requirements: ☐ Yes ☐ No ☐ NA

☐ ABIM   ☐ ABP   ☐ Other_________________
ABIM Certification & Recertification Dates: ____________________________
ABP 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 (typed)     Date
_________________________________________             _____________________________