



BOARD OF DIRECTORS DECLARATION OF INTEREST

Thank you for your interest in serving on an American Society of Acupuncturists (ASA). Board members are volunteer positions in which ASA board members donate time to serve on the board. All potential members are evaluated by the ASA Nominations Committee, based on several criteria such as past history and demonstrated interest. Please take some time to fill out the following form and return to us. You may use extra space as needed. In addition to this form please submit a current CV, Conflict of Interests Declaration form, and cover letter describing why you are interested in serving on the ASA board. Thank you for your interest.

Name:

Mailing Address:

Preferred Phone:

Email:

Licenses: (Please list all medical licenses held in any State)

Degrees: (Please list all academic degrees held, and issuing institutions)

Committee(s) you are interested in serving on:

In what areas do you feel most qualified to help the ASA:

Please describe your history or experience (if any) with activities related to the committee you are interested in serving on:



Please list all society, association, or other organizational memberships (both related to acupuncture/Asian medicine or not related to acupuncture/Asian medicine) and positions held in each (e.g., general member, director, board member, trustee, et. al.):

Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pretrial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in any state, the District of Columbia or in any other jurisdiction? (If yes, please describe on separate sheet of paper)

YES NO

Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. (If yes, please describe on a separate sheet of paper)

YES NO

Have you ever been disciplined or denied a professional license, certificate or permit of any kind in any state, District of Columbia, or other jurisdiction, or have you ever had hospital privileges revoked or suspended? (If yes, please describe on a separate sheet of paper)

YES NO