# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**INSTRUCTIONS FOR PROPOSAL FOR MEMBERSHIP**

In order to comply with the provisions of the Constitution, the Council should have the following information available for review:

1. Formal nomination (proposal form included in this package)

1. Supporting letters of recommendation from:
	1. Proposer, indicating candidate’s outstanding ability and promise in academic cardiology
	2. Seconder
	3. Responsible member of the nominee’s medical school faculty to document nominee’s full-time status and major responsibilities for the teaching and research programs in clinical cardiology at his/her institution

1. Nominee’s *Curriculum Vitae* with bibliography
2. 250-word summary regarding teaching, research responsibilities and how the nominee has promoted diversity, equity, inclusion within their research or mentoring.

1. Additional letters of recommendation (no more than 6)

1. **Original in PDF format**

1. If you wish to **re-nominate** someone who was not chosen the previous year, we only need the letters mentioned above in #2 (an updated letter from the nominator, seconder, and another responsible faculty member from the nominee’s institution documenting current status – 3 letters total). If there have been significant changes in the nominee’s CV, you may want to resubmit a revised cv.

**These requirements are due by December 1, 2022.**

**BEFORE SUBMISSION TO THE EEXECUTIVE ADMINISTRATOR, THE FOLLOWING CHECKLIST MUST BE COMPLETED AND ATTACHED TO THE FRONT OF THE NOMINATION MATERIAL:**

|  |  |
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|  **□**  | Checklist (page 1)  |
|  **□**  | Proposal form (Page 2)  |
|  **□**  | 250-word narrative regarding teaching, research responsibilities and how the nominee has promoted diversity, equity, inclusion within their research or mentoring (Page 3)  |
|  **□**  | Letter from proposer  |
|  **□**  | Letter from seconder  |
|  **□**  | Letter from another responsible faculty member documenting status, etc.  |
|  **□**  | *Curriculum Vitae*  |
|  **□**  | Additional reference letters (these should be forwarded by proposer)  |
|  **□**  | **Copy (1 copy in PDF format)**  |

PLEASE SUBMIT ALL MATERIALS TO:

lhall59@jhmi.edu

# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**PROPOSAL FOR MEMBERSHIP**

(Return to Executive Administrator by ***December 1, 2022)***

 **Name in Full: Date of Birth:**

 **(used to determine eligibility for Emeritus status)**

 **Home Address: Home Phone:**

**Work Address:**

**Email Address: Cell Phone:**

**Office Phone: Fax Number:**

**Assistant’s Name: Assistants Email:**

**Faculty Position:** **Institution:**

**Professional Website Link:**

**Proposed By:**

**Seconded By:**

 (Letter of endorsement attached)

**Additional letters of support (attached) from the following members of the Association**

**(maximum 6):**

**Letter of documentation of nominee’s status by:**

[The proposer is to request from a responsible member of the nominee’s medical school faculty a letter of documentation of the nominee’s full-time status and major responsibilities for the teaching, research programs, and leadership in Clinical Cardiology at his/her institution.]

**Attach a copy of the nominee’s *Curriculum Vitae* and Bibliography to date.**

**On attached sheet, submit a brief summary or narrative of nominee’s professional responsibilities with respect to teaching and research in Cardiology.** **Please comment on how the nominee has promoted diversity, equity, inclusion within their research or mentoring.** This information will be provided to the general membership at the annual meeting so they can review prior to voting.

# ASSOCIATION OF UNIVERSITY CARDIOLOGISTS

**NAME OF NOMINEE:**

**BRIEF NARRATIVE OF NOMINEE’S PROFESSIONAL RESPONSIBILITIES WITH RESPECT TO**

**TEACHING AND RESEARCH IN CARDIOLOGY. PLEASE COMMENT ON HOW THE NOMINEE HAS PROMOTED DIVERSITY, EQUITY, INCLUSION WITHIN THEIR RESEARCH OR MENTORING: (Please attach narrative.)**

**PLEASE SUBMIT ALL MATERIALS**

**in PDF Format**

**BY DECEMBER 1, 2022, TO:**

**lhall59@jhmi.edu**

**Katherine Hall**

**Johns Hopkins Hospital**

**Alfred Blalock Building**

**600 N Wolfe St, Blalock 910**

**Baltimore, MD 21287**

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FOR OFFICE USE ONLY

Action taken by Council: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­\_\_\_\_\_\_\_\_\_\_\_

Election by Members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Notification of Election: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_