# BOARD OF DIRECTORS 2026 NOMINATION FORM

**Return form by email (asoa@asoa.org) no later than November 5, 2025**

**General Information:** The ASOA Board of Directors has the responsibility for the supervision and direction of ASOA. Board member terms are two years with the opportunity to seek a second consecutive two-year term. There are four (4) open Board seats in this election cycle.

**Requirements:** Attendance and participation in bi-monthly conference calls along with an in-person Board of Directors meeting held during the ASOA Annual Meeting. **The new 2026 Board member should plan on attending the April ASOA Board of Directors meeting in Washington, DC scheduled for Thursday, April 9, 2026 in conjunction with the 2026 ASOA Annual Meeting**. *Additional duties may be assigned throughout your term as it relates to fulfilling the purpose of ASOA.*

**Eligibility:** ASOA members are eligible to serve on the ASOA Board of Directors provided they are **EITHER** (1) a COE (Certified Ophthalmic Executive) in good standing **OR** (2) hold **both** a bachelor's degree and five years of experience in ophthalmic practice management. *Members classified as consultant, vendor, and associate or retired are not eligible to serve on the ASOA Board of Directors.*

**Nomination Process:** A slate of candidates will be thoroughly reviewed and selected by the ASOA Nominating Committee, chaired by the ASOA Immediate Past President and then approved by the ASOA Board of Directors. The objective of the selection process is to ensure that the Board of Directors composition reflects the general ASOA membership. **Submission of a nomination form does not guarantee a spot on the election slate.** The new Board of Directors position will be determined by majority vote through the ASOA general membership.

**NOMINEE INFORMATION** (please print)

Candidate's Name _____

Telephone # _____ E-mail _____

Practice Name: _____

Address: _____

City: _____ State: _____ Zip: _____

**Credentials**

Are you a COE? ☐ Yes ☐ No Do you have a bachelors degree? ☐ Yes ☐ No

Other credentials (please list) _____

**Experience**

Number of years in practice management _____ Number of years in ophthalmology _____

**Current Employer**

Total number of staff in practice _____Number of ophthalmologists in practice _____

Number of optometrists in practice _____ Optical Shop ☐ Yes ☐ No ASC ☐ Yes ☐ No

Subspecialty(ies): _____

_____

**AFFILIATIONS**

Other group affiliations ☐ AAOE ☐ OOSS ☐ MGMA ☐ OWL ☐ Other _____

Do you hold a leadership position or serve on any committee with any other practice management organization? Yes ☐ No ☐
What organization(s)/position(s)?

_____

*ASOA board members may not hold committee, board or other leadership positions within the American Academy of Ophthalmic Executives (AAOE) due to conflict of interest.*

*A conflict of interest may exist if a candidate holds an elective office or a position of responsibility in an organization with essentially the same mission as ASOA. ASOA board members are required to sign a Conflict of Interest Agreement prior to taking office. The Board, in its sole discretion, may disqualify a member from serving if the Board considers the conflict of interest could affect the Board member's impartiality or ability to carry out required duties and responsibilities.*

**FINANCIAL INTEREST**

As a sponsor accredited by the Accreditation Council on Continuing Medical Education, ASCRS and ASOA must ensure balance, independence, objectivity, and scientific rigor in all its activities.

Board members must disclose any financial interest or relationship with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services related to ophthalmology. Financial interest can include such things as grants or research support, consultant, major stockholder, member of speakers' bureau, financial relationships held by spouse, etc.
Please disclose any such relationships: _____

_____

**ASOA PARTICIPATION**

Please identify which ASOA activities you have participated in during the past **three** years.

Committee and/or Task Force Member _____

Annual Meeting Attendee _____

Annual Meeting Speaker _____

Annual Meeting Roundtable Facilitator: _____

*Administrative Eyecare* Writer: _____

Other: _____

I certify the above information is true and correct to the best of my knowledge.

Nominee Signature_____ Date_____

**ATTACHMENTS (REQUIRED)**

The following items **must be submitted** with your nomination form:

- Resume and Photo
- Summary Statement to include your current job responsibilities (including specific management and/or leadership experience and personal strengths), and reasons for seeking election to the ASOA Board of Directors. **The Summary Statement is the information that will appear on the electronic ballot for viewing by the general membership during the voting process.**

**RETURN**

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**QUESTIONS?**

Contact ASOA at asoa@asoa.org or 703-788-5777.