1.

Please complete the application completely.

1. Submitted by:

* 2. Please enter the ODY candidate information:

Name:

Company:

Address:

Address 2:

City/Town:

State: -- select state --

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

3. Candidate's Academy membership number:

4. Candidate has been an active national Academy member for a minimum of 8 years.

- Yes
- No
- Unknown

5. ODY candidates must be 36 years or older as of 1/31/2017.

Please enter the candidate's birth date. MM / DD / YYYY

6. Please enter the education information.

Highest degree completed	
Date of highest degree	
Institution	
City/State	

2. Demonstration of Leadership

This is a summary of leadership activity in each of 10 focus areas. Use the outline below to type a narrative summary of your activity or interest in each of the 10 focus areas. For each area, you must clearly separate activities that were job related from those that were volunteer. Each focus area should consist of no more than 1-2 paragraphs and should include dates. Please include all focus areas in your outline. If no activity in a specific area, simply indicate N/A on your outline.

* 1. Career Guidance: Volunteer

* 2. Career Guidance: Job Related

* 3. Community Service: Volunteer

* 4. Community Service: Job Related

* 5. Education: Volunteer

* 6. Education: Job Related

* 7. Legislation/Policy: Volunteer

* 8. Legislation/Policy: Job Related

* 9. Management: Volunteer

* 10. Management: Job Related

* 11. Clinical Dietetics: Volunteer

* 12. Clinical Dietetics: Job Related

* 13. Public Relations: Volunteer

* 14. Public Relations: Job Related

* 15. Research: Volunteer

* 16. Research: Job Related

* 17. Publications: Volunteer

* 18. Publications: Job Related

* 19. Other: Volunteer

* 20. Other: Job Related

3. Demonstrated Leadership (Organizations) - Elected Info

Please enter any elected positions for each section and the dates served.
***Be very clear about the dates (in years). For example:**
President (6/2014 - 5/2015)

1. Academy of Nutrition and Dietetics

2. Washington State Academy of Nutrition and Dietetics (or othe state affiliate)

3. District Dietetic Association

4. Other Professional Associations

4. Demonstrated Leadership (Organizations) - Appointed Info

Please enter any appointed leadership positions for each section and the dates served.
***Be very clear about the dates (in years). For example:**
President (6/2014 - 5/2015)

1. Academy of Nutrition and Dietetics

2. Washington State Academy of Nutrition and Dietetics (or othe state affiliate)

3. District Dietetic Association

4. Other Professional Associations

5. Other

1. Please add any other information that supports the nomination for ODY.

2. Please submit information regarding your employer (if you are selected, a letter will be sent to your employer).

Supervisor Name:

Supervisor Title:

Organization:

Address:

Email Address: