

## Subspecialty Division Member Application Questionnaire

Thank you for submitting a self-nomination to become an ABOG Subspecialty Division Member. This questionnaire is designed to get to know more about your work and accomplishments for the purposes of selecting Division Members. Questions 12-19 ask for information on your web and public social media presence, as that is also taken into account in the selection process.

\* Required

1. First and Last Name \*

2. ABOG ID \*

3. Please describe the clinical aspects of your practice, including % FTE clinical, the patient population(s) that you care for, and practice in focused area(s) vs. the breadth of the subspecialty. Please also describe the institution where you practice (e.g. academic medical center, rural site, community hospital). \*

4. Describe the reason why you have self-nominated to be considered for the ABOG Division Member position? \*

Please enter at most 1000 characters

5. Describe your professional positions at your home institution(s), including responsibilities. \*

Please enter at most 1000 characters

6. Describe your current and prior involvement with ABOG with relevant dates (examiner, item writer, committee member, etc.) \*

Please enter at most 1000 characters

7. Describe your involvement with resident and fellow education. Please describe leadership, committee service, curricular oversight, clinical teaching, didactic education, etc. Please also include any relevant teaching honors and awards. \*

Please enter at most 1000 characters

8. Describe your current and prior involvement with national and regional organizations with relevant dates, including subspecialty/specialty societies, ACGME, etc. \*

Please enter at most 1000 characters

9. Describe specific subject matter expertise that you bring to the Division as well as specific skills/perspectives that will enhance the Division's ability to create excellent assessments and ensure the Division makes decisions that enhance the care of patients. \*

Please enter at most 1000 characters

10. Describe any relevant information that is not included in the responses above (optional).

Please enter at most 1000 characters

11. I attest that I have not had any role whatsoever in a board review course in 5 calendar years prior to this application. \*

☐

This statement is true

☐

This statement is not true (please re-apply when  $\geq 5$  calendar years has elapsed without any board review course participation)

12. Do you have a website that you manage or that you oversee management of by staff for the purposes of publicly sharing professional, OB-GYN information? This can include a website or other channel(s) like a blog where you offer details about medical services you provide and/or patient education about OB-GYN topics. If so, please provide all links in following question. \*

☐ No

☐ Yes

13. Please provide URL link(s): \*

14. Have you been active on social media in the last six months? \*

☐ No

☐ Yes

15. Please provide your public social media handles or indicate not applicable for **X (formerly Twitter)**. \*

16. Please provide your public social media handles or indicate not applicable for **Facebook**. \*

17. Please provide your public social media handles or indicate not applicable for **Instagram**. \*

18. Please provide your public social media handles or indicate not applicable for **TikTok**. \*

19. Please provide your public social media handles or indicate not applicable for **LinkedIn**. \*