



Application for Fellow of AOAC INTERNATIONAL

**TO: Chair, Fellows Award Committee
AOAC INTERNATIONAL
481 North Frederick Avenue, Suite 500
Gaithersburg, MD 20877-2417**

I hereby submit the following application in support of my nomination for the Fellow of AOAC INTERNATIONAL Award.

1. Name of Candidate: _____
(FIRST) (MIDDLE) (LAST)

2. Home Address:

(STREET ADDRESS)

(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)

(PHONE) (FAX) (E-MAIL)

3. Business Address:

(AGENCY OR FIRM)

(STREET ADDRESS)

(CITY) (STATE/PROVINCE) (ZIP/POSTAL CODE) (COUNTRY)

(PHONE) (FAX) (E-MAIL)

ACTIVITY

AOAC VOLUNTEER

4. In what year did you first serve as a **volunteer** of AOAC?

COLLABORATOR

5. Have you ever served as a collaborator on an AOAC **Collaborative Study**? () Yes () No
If yes,
- a. How many Collaborative Studies have you participated in?
 - b. Please list year(s) and topic(s) of studies.

STUDY DIRECTOR

6. Have you ever served as a **Study Director**? () Yes () No
If yes,
- a. List year(s) and topic(s):
 - b. How many methods have been approved under your Study Directorship?
 - c. How many methods were submitted for approval under your Study Directorship?
 - d. During the period of Directorship, for which years did you submit a Study Director Report to the General Referee?

TOPIC ADVISOR

7. Have you ever served as a **Topic Advisor**? () Yes () No
If yes,
- a. List year(s) and topic(s):

GENERAL REFEREE/PROCESS EXPERT

8. Have you ever served as a **General Referee/Process Expert**? () Yes () No

If yes,

a. List year(s) and topic(s):

b. As a General Referee/Process Expert, how many methods have been adopted?
List year(s) and topic(s).

STATISTICAL ADVISOR OR SAFETY ADVISOR

9. Have you served as a Volunteer **Statistical Advisor** or **Safety Advisor**? () Yes () No

If yes,

a. List year(s), committee(s), and position held.

METHODS COMMITTEE/METHOD CENTRIC COMMITTEE

10. Have you served on a **Methods/Method Centric Committee(s)**? () Yes () No

If yes,

a. Which methods/method centric committee(s) have you served on and how long did you serve on each committee?

b. While on a methods/method centric committee(s), how many methods were adopted?
List year(s) and topic(s).

c. As a methods/method centric committee member, did you serve as an officer? () Yes () No

If yes, please list committee(s) name, position held, and years served.

STAKEHOLDER PANEL/WORKING GROUP/THOUGHT LEADER ADVISORY/TASK FORCE/OTHER

11. a. Have you served as a **Participant** of a Stakeholder Panel/Working Group, Thought Leader Advisory, Task Force or other? If yes, list the committee(s) and year(s).
- b. Have you served as **Chair** of a Stakeholder Panel/Working Group/Thought Leader Advisory/Task Force or other? If yes, list the committee(s) and year(s).
- c. Were standards developed? () Yes () No

SPECIAL COMMITTEES

12. Have you ever served on any other **AOAC committee(s)**? () Yes () No
If yes, e.g., LPTP Advisory Committee, etc.,
- a. List the committee(s) and year(s).
- b. Have you served as a **committee chair**? () Yes () No
If yes, list the committee(s) and year(s).

TECHNICAL DIVISIONS

13. Have you ever served on the Technical Division for Laboratory Management (TDLM) or Technical Division on Reference Materials (TDRM)? () Yes () No
- a. As a Chair/Officer? If yes, please list year(s):

COMMUNITIES:

14. a. Have you ever served in a leadership capacity in any AOAC Community(s)? () Yes () No
- b. Please list name of Community(s) and the year(s)

PEER-VERIFIED METHODS PROGRAM

15. Have you ever participated in the **Peer-Verified Methods Program**? () Yes () No
If yes, please list method and year in the appropriate space below.
- a. As an author?
- b. As an expert reviewer? (Please explain)
16. Have you ever been a **peer reviewer** for the *Journal of AOAC INTERNATIONAL*? () Yes () No
If yes, please list year(s) and as many articles reviewed as possible.
17. Have you ever volunteered as a **Section Editor**? () Yes () No
If yes, please list year(s)
18. Have you ever volunteered as a **Special Guest Editor**? () Yes () No

AOAC BOARDS

19. Have you ever served on the **AOAC Official Methods Board**? () Yes () No
If yes, list year(s):
20. Have you ever served on the **AOAC Board of Directors** for AOAC INTERNATIONAL? () Yes () No
If yes, list year(s):

21. Have you ever served on the **AOAC Research Institute Board**? () Yes () No
If yes, list year(s) served:

22. Have you ever served on the **AOAC Editorial Board**? () Yes () No
If yes, list year(s) served.

EXPERT REVIEW PANEL

23. Have you ever served on an AOAC INTERNATIONAL **Expert Review Panel**? () Yes () No
If yes, please list name of panel(s) and year(s) served.

a. Which Expert Review Panel have you served on and how long did you serve on each panel?

b. While serving on an Expert Review Panel, how many methods were reviewed and/or adopted as Official First Action? List year(s) and topic(s).

c. Have you ever served as **Chair**? () Yes () No

ANNUAL MEETING/OTHER

24. Have you ever attended an **AOAC Annual Meeting**? () Yes () No
If yes, please list year(s).

a. Speaker? () Yes () No

b. Poster Author? () Yes () No

c. Oral Poster Author? () Yes () No

25. Have you ever served as a **"First Author"** of a presentation? () Yes () No

26. Have you ever served as an Annual Meeting **Symposium Chairperson**? () Yes () No
If yes, please list name(s) of Symposium (symposia), roundtable and workshop, and year(s).

AOAC SECTION

27. Have you ever served as an **Officer** for an **AOAC Section** of AOAC INTERNATIONAL? () Yes () No
If yes, please list section name, position(s) held, and year(s) served for the following:
- a. Organized a **new** Section or Subsection? () Yes () No
 - b. President of a Section? () Yes () No
 - c. Meeting **Program** Committee chair? () Yes () No
 - d. A member of the **Program** Committee for a Section Meeting? () Yes () No

28. Have you ever served in a *volunteer capacity* as a **Training Course Instructor** for AOAC? () Yes () No
If yes, list course(s) and date(s).

29. Have you ever organized a **training workshop** for AOAC? () Yes () No
If yes, please list name of workshop(s) and year(s) organized.

AWARDS

30. Have you received any **awards** from AOAC INTERNATIONAL? () Yes () No
If yes, please list award(s) and year(s) received.

OTHER CONTRIBUTIONS

31. Please list any **other contributions** that you have made to AOAC. (Specify the nature of such and year) (e.g. add description from other contributions).

(Attach additional sheets, if needed, for any above item)

Submitted by:

(CANDIDATE SIGNATURE)

(DATE)

Click the “Submit” button below to send electronically to AOAC INTERNATIONAL. Or you may print the form and send it via fax to (301) 924-7089.

If you have questions regarding this application please contact May Jones at mjones@aoac.org

For AOAC office use only:

Nominated By:

Application Received: