The American Association of Medical Dosimetrists (AAMD) is seeking your support of _________________________’s nomination for the position of _________________________.

Should _________________________ be successfully elected by his/her peers to serve on the AAMD Board of Directors, at their employer you will be in full support of the below activities:

- Position will be a three (3) year term to begin August 1, 2021 and conclude on July 31, 2024
- Monthly Board conference calls that last approximately 2 hours, beginning at 7:00 pm EST. The day of the month is determined by the AAMD President and can vary year to year.
- AAMD Annual Meeting attendance
  - Meeting usually occurs in the month of June. Educational meeting sessions run from Sunday-Thursday (expenses reimbursed by the AAMD).
  - Board of Directors meeting begins the Friday prior, and attendance of the entire meeting is highly encouraged.
- Mid-Winter Meeting-2-day board meeting that usually occurs in February, travel required (expenses reimbursed by the AAMD).
  - Meeting typically occurs on a Friday and Saturday (subject to change).
- Monthly conference calls that usually occur during daytime hours.
- Town Hall Meetings - via telephonic conference that occur monthly, on Thursdays, at 11:30am EST (Attendance encouraged, but not required).
- Participation in task groups and special projects as assigned.
- Duties assigned and required for the position, which can include meeting attendance for other organizations, and professional presentations.

I have received an official copy of the Position Description for _________________________, and should employee be elected to serve on the AAMD Board of Directors, I fully support the duties and responsibilities listed above, and outlined in the position description.

_________________________________________   ________________________
Signature        Date

_________________________________________   ________________________
Title         Contact Number

_________________________________________   ________________________
Email Address