Please complete the application completely.			
All materials mus	st be completed by midnight on January 31, 2023 for consideration.		
1. Submitted by:			
* 2. Please enter yo	our information:		
Name:			
Address:			
Address 2:			
City/Town:			
State:	select state		
ZIP/Postal Code:			
Country:			
Email Address:			
Phone Number:			
3. Your Academy #	÷.		
5. Tour reducing #	· 		
4. Please enter you	r education information.		
Highest degree completed			
Date of highest degree			
Institution			
City/State			

2. Demonstrated Leadership (Organizations)
Please enter your leadership volunteer and/or elected positions for each section and the dates served.
Please indicate whether each position was elected or appointed.
NOTE: Please provide the information as a short, bulleted list.
1. Oregon Academy of Nutrition and Dietetics Note that participation in the Oregon Academy is scored higher than other leadership involvement.
2. Total years for the above section
3. Other State/Affiliate Association(s) (e.g., Washington State, Idaho, California, etc.)
4. Total years for the above section
5. Academy of Nutrition and Dietetics
6. Total years for the above section
7. District Dietetic Association
8. Total years for the above section

). Total years for	the above section		

3. Demonstration of Leadership
This is a summary of leadership activity in each of 6 focus areas. Use the outline below to provide a bullet-point summary of your activity or involvement in each of the 6 focus areas.
Include dates of the activity/involvement and total years of involvement for each activity.
For each area, you must clearly separate activities that were job related from those that were volunteer.
NOTE: Information should be entered in one focus area only - do not repeat information in other sections.
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 & Education: Volunteer The 2 sections on career guidance and education refers to teaching or presentations in an educational setting, mentoring, and presentations to students and/or other groups outside an educational setting.
2. Total years for the above section
* 3. Career Guidance & Education: Job Related
4. Total years for the above section
* 5. Community Service, Legislation/Policy and Public Relations: Volunteer

4. Total years for the above section

* 5. Community Service, Legislation/Policy and Public Relations: Volunteer

The 2 sections refer to activities within the community (for example, providing guidance to a food bank), activities related to policy, advocacy, work on legislative initiatives, and/or public relations activities (promoting the RD or National Nutrition Month® as examples).

6. Total years for the above section
* 7. Community Service, Legislation/Policy and Public Relations: Job Related
8. Total years for the above section
* 9. Management: Volunteer These 2 sections refer to administrative and management activities related to teams of people
and/or projects.
10. Total years for the above section
* 11. Management: Job Related
12. Total years for the above section
* 13. Clinical Dietetics: Volunteer
These 2 sections refer to clinically-related activities.
14. Total years for the above section
* 15. Clinical Dietetics: Job Related

16. Total years for the above section	
* 17. Research: Volunteer	
These 2 sections refer to research-related activities.	
18. Total years for the above section	
10. Total years for the above section	
* 19. Research: Job Related	
00 T . 1	
20. Total years for the above section	
* 21. Publications: Volunteer These 2 sections refer to activities involving writing and of	diting
These 2 sections refer to detivities involving writing did to	outing.
22. Total years for the above section	
* 23. Publications: Job Related	
24. Total years for the above section	
* 25. Other: Volunteer	

27. Other: Job F	lelated		
		h	
3. Total years fo	r the above section		

4. Other				
1. Please add any other in	formation that supports the n	nomination for EDL.		
2. Please submit informations sent to your employer).	ion regarding your employer ((if you are selected, a letter will be		
Supervisor Name:				
Supervisor Title:				
Organization:				
Address:				
Email Address:				
3. Please submit information regarding your home town newspaper(if you are selected, information/a press release will be sent to your newspaper).				
Newspaper Name:				
Business news editor email address:				
Website:				