



June 2025

Dear Colleague:

As an American Academy of Dermatology and AAD Association (AAD/A) Director nominee, I understand that if I am elected, I am expected to act in accordance with certain fiduciary and other legal obligations. Please rest assured that the Academy and AAD Association maintain a broad form of liability insurance coverage for its directors, officers, committee members and staff.

Prior to being considered by the Nominating Committee, you are requested to acknowledge that you have read and understand the following:

➤ **Fiduciary responsibilities<sup>1</sup>**

- prepare for and attend all meetings of the Boards and of councils, committees, and task forces to which you are appointed
- maintain confidentiality regarding discussions held at these meetings
- avoid conflicts of interest between serving in the position of Director and your professional or personal life, and disclose conflicts if they arise
- respect the opinions of other Directors and Officers and support actions taken by the Boards of Directors
- act in the best interest of the Academy and AAD Association, above personal interests or beliefs
- have a working understanding of the Academy's governance documents
  - [AAD Bylaws](#)
  - [AADA Bylaws](#)
  - [Administrative Regulations](#)
  - [Position Statements](#)
  - [Board Governance Policies](#)

➤ **Board Values**

- Professionalism
- Unity
- Engaged and Curious Mindset
- Strategic Focus and Discipline
- Visionary Leadership

➤ **Time Commitments & Obligations**

- [AAD Director Position Description](#)
- [AADA Director Position Description](#)

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<sup>1</sup> The fiduciary obligations of elected officers and directors generally apply when they officially take office at the end of the Annual Meeting following their election. However, officer and director-elects must abide by the fiduciary obligations of officers and directors during the year following their election and before they formally take office to the extent that they are involved in any Board of Directors meetings, activities, or decisions, particularly with respect to confidential information and conflicts of interest.

**CORRESPONDENCE**

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## Board of Director Commitment Letter

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#### ➤ Acknowledgements to attend the following AAD & AADA Meetings

Per the [Restrictions on and Obligations of AAD/A Officers, Directors and JAAD Editors Board Governance Policy](#) and AAD & AADA director position descriptions, you **are required** to attend the following American Academy of Dermatology and AAD Association events throughout your term.

#### [Print and review the current list of known AAD & AADA meetings](#)

- Add all meeting dates to your calendars to avoid all potential scheduling conflicts.
- Sign next to each meeting date to confirm your commitment to attend each meeting if elected.

**Are you currently serving in an officer or director position in another Organization?**

Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please provide the following:

Name of Organization	Position	Term End Date

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- Understanding the important responsibilities to be undertaken as Director of the American Academy of Dermatology and AAD Association, I agree that, if nominated and elected, I will faithfully carry out the duties described above. I further certify that my responses below are truthful and accurate. I have disclosed to the Academy if I have ever been convicted of a felony or have had any discipline imposed by a medical licensing authority or if I am currently the subject of any investigation or allegation that could lead to a felony conviction or limitation of or other adverse action against my license to practice medicine. Please provide details of any such proceedings.

**If the below question is not applicable, please write "None" for each response.**

1. Has any adverse action, including but not limited to revocation, suspension, probation, or reprimand/censure, ever been taken against your medical license in any state?
2. Has any adverse action been taken against you by the Federal government, any federal or state law enforcement authorities, any hospital, or any health insurer/managed care company?
3. Are there any malpractice judgments or settlements that you have had to report to the National Practitioner's Data Bank or that otherwise should be brought to the attention of the Nominating Committee?
4. Is there anything in your past, including anything involving your family, that could be embarrassing to the Academy if it were to be made public?

➤ **Acknowledgement that I have read and understand the above.**

By signing below, I agree to waive, discharge, and release any claims or other legal rights I may have against the Academy or its officers, directors, employees, agents, representatives, or affiliates based on any action the Academy takes or fails to take in connection with the election process generally or violations (or alleged violations) of the Academy's election rules.

**Print Name**\_\_\_\_\_

**Date**\_\_\_\_\_

**Signature**\_\_\_\_\_

Submit these three (3) pages along with your signed acknowledgements to attend  
AAD & AADA meetings to [callfornominations@aad.org](mailto:callfornominations@aad.org) **by October 1, 2025.**  
Please submit questions to [callfornominations@aad.org](mailto:callfornominations@aad.org)