



June 2025

Dear Colleague,

The Nominating Committee of the American Academy of Dermatology (AAD) is pleased that you have responded favorably to our initial correspondence and are willing to be considered for nomination as a Nominating Committee Member Representative.

We would like to take this opportunity to briefly outline the responsibilities and the time commitments associated with this position. We ask that you signify your willingness to accept these responsibilities, if nominated and elected, by signing this letter and returning a copy to the Executive Office.

Responsibilities:

- prepare for and attend all meetings and conference calls of the Nominating Committee
- maintain strict confidentiality regarding discussions held at these meetings/calls
- avoid conflicts of interest between serving in the position of Nominating Committee Member Representative and your professional or personal life, and disclose conflicts if they arise
- respect the opinions of other Members on the Nominating Committee and support actions taken by the Nominating Committee
- remain neutral throughout the nominations process and election cycle
- act in the best interest of the Academy above personal interests or beliefs

Time commitments:

- Complete nominee grids prior to the virtual Nominating Committee meeting
- Prepare for and attend the virtual Nominating Committee meeting held prior to the Academy Annual Meeting
- Participate in conference call(s) / email ballots (as needed)

In addition, if you have ever been convicted of a felony or disciplined by a medical licensing authority, or if you are currently the subject of any investigation or allegation that could lead to a felony conviction or limitation of or other adverse action against your license to practice medicine, please provide us with details of any such proceedings.

We appreciate your willingness to be considered for the Nominating Committee Member Representative position. Please sign and return this letter.

Sincerely,

Nominating Committee

Adam J. Friedman, MD, FAAD (BOD), Chair
Lindsay Ackerman, MD, FAAD (MBR)
Kristina Callis-Duffin, MD, MS, FAAD (BOD)
J. Matthew Knight, MD, FAAD (AB)

Doris J. Day, MD, FAAD (AB)
Mark D. Kaufmann, MD, FAAD (MBR)
Melissa Piliang, MD, FAAD (BOD)

CORRESPONDENCE

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1201 Pennsylvania Avenue, NW, Suite 540
Washington, DC 20004-2401

MAIN: (202) 842-3555
FAX: (202) 842-4355

Understanding the important responsibilities to be undertaken as Nominating Committee Member Representative of the American Academy of Dermatology, 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, and I have disclosed to the Academy Nominating Committee any discipline imposed by any medical licensing authority and any current investigation or allegation that could lead to a limitation of or adverse action against my license to practice medicine.

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.

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

Print Name: _____ Date: _____

Signature: _____

If elected to serve on the Nominating Committee per the below except from the [Administrative Regulation](#)
Nominating Committee – Regional Rotations for the Board of Directors and Advisory Board Representatives:

AR Excerpt

No member elected or appointed to the AAD Nominating Committee may hold a position on a Nominating Committee of another dermatology organization which is submitting names for the AAD Nominating Committee to consider while serving on the AAD Nominating Committee.

Please confirm by selecting one of the following:

____ No, I am not currently serving on, nor do I intend to serve on, another society's Nominating Committee while serving on the AAD Nominating Committee.

____ I currently serve on the _____ Nominating Committee, and I agree to resign from it if should I be elected to the AAD Nominating Committee.

Signature_____ Date_____

Nominating Committee Member Representative (NCMR) Required Activities	
Members serving on the Nominating Committee are required to participate in all of the below activities. The 2026 - 2027 Nominating Committee dates for these activities will be provided to the NCMR shortlisted candidates in February 2026.	
2026 – 2027 Timeframe	Required Activity
Early October 2026	Nominating Committee Email Ballot
Mid-November – Early-December 2026 <i>The Nominating Committee members have approximately two (2) weeks to complete all of the nominee scoring grids.</i>	Nominee Scoring Grids
January 2027 (Saturday) 10:00 AM (Central) – 3:00 PM (Central) <i>The Nominating Committee meets virtually approximately seven (7) weeks prior to the Annual meeting.</i>	Nominating Committee Virtual Meeting
February 2027 (Monday) 7:00 PM (Central Time) <i>The Nominating Committee meets via videoconference approximately three (3) weeks prior to the Annual meeting.</i>	Nominating Committee Conference Call

Please confirm your availability to participate in all of the Nominating Committee required activities by signing and dating where indicated below.

Yes, I confirm that I will make myself available to participate in all of the Nominating Committee required activities.

Signature_____ Date_____

Submit these three (3) pages to callfornominations@aad.org by **October 1, 2025**.
Please submit questions to callfornominations@aad.org