

AJOT Associate Editor Application

Please complete this form and submit it with a cover letter and a curriculum vitae that lists all relevant research, publishing, and teaching (e.g., research methods courses) experience to collins@aota.org by April 1, 2022.

Name (first name, last name, credentials) _____

Professional affiliation (include city and state) _____

Mailing address (including zip/postal code) _____

Email _____

Alternative Email _____

Phone _____

Are you an AOTA Member? Yes No

If Yes, provide member number _____

Number of years in occupational therapy _____

Diversity Status (Check all that apply; will be used to track diversity, equity and inclusion data across AOTA leadership positions.)

- Race
- Ethnicity
- Gender identity
- Sexual orientation
- Disability
- Currently living or working outside of the continental U.S.
- Other (describe) _____

Briefly describe why you are interested in the AJOT associate editor position and why you feel like your skill set would lend itself well to this role.

Have you ever neglected to complete a professional volunteer commitment?

- Yes
- No

If you answered yes to the above question, please explain:

Do you have any potential conflicts of interest or other concerns that should be brought to the attention of the Selection Committee?

- Yes
- No

If you answered yes to the above question, please explain:

Are you currently engaged in any volunteer or paid positions with a state affiliate board, NBCOT®, state regulatory board, or ACOTE®/RAE, the term(s) of which would continue once the term for this position begins?

- Yes
- No

If you answered yes to the above question, please explain:

Have you ever had a public sanction from the AOTA Ethics Commission or any other Association body?

- Yes
- No

If you answered yes to the above question, please explain:

Attestations

I recognize as a condition of accepting a volunteer position I may have to resign from existing positions that create an actual or potential conflict of interest.

- Yes
- No

I attest to the accuracy of the information included in this nomination form. This includes, but is not limited to, information contained in the accompanying CV, resumé, or other submission materials.

- Yes
- No

I further attest to having knowledge of and familiarity with official documents of the Association (including Bylaws, policies, relevant SOP/JD, AOTA Occupational Therapy Code of Ethics, Administrative SOP, and Strategic Priorities) and agree to abide by said documents including the Policy A.13 Conflict of Interest.

- Yes
- No

E-Signature _____ Date _____

Note: My electronic (typed) signature on this document constitutes my legal signature in accordance with 21 CFR Part 11: Electronic Records; Electronic Signatures Act.