

1.

**Please complete the application completely.**

1. Submitted by:

\* 2. Please enter the EDL candidate information:

**Name:**

**Company:**

**Address:**

**Address 2:**

**City/Town:**

**State:**

**ZIP/Postal Code:**

**Country:**

**Email Address:**

**Phone Number:**

3. Candidate's Academy membership number:

4. Please enter the education information.

Highest degree  
completed

Date of highest degree

Institution

City/State

## 2. Demonstration of Leadership

**This is a summary of leadership activity in each of 10 focus areas. Use the outline below to type a narrative summary of your activity or interest in each of the 10 focus areas. For each area, you must clearly separate activities that were job related from those that were volunteer. Each focus area should consist of no more than 1-2 paragraphs and should include dates. 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: Volunteer

\* 2. Career Guidance: Job Related

\* 3. Community Service: Volunteer

\* 4. Community Service: Job Related

\* 5. Education: Volunteer

\* 6. Education: Job Related

\* 7. Legislation/Policy: Volunteer

\* 8. Legislation/Policy: Job Related

\* 9. Management: Volunteer

\* 10. Management: Job Related

\* 11. Clinical Dietetics: Volunteer

\* 12. Clinical Dietetics: Job Related

\* 13. Public Relations: Volunteer

\* 14. Public Relations: Job Related

\* 15. Research: Volunteer

\* 16. Research: Job Related

\* 17. Publications: Volunteer

\* 18. Publications: Job Related

\* 19. Other: Volunteer

\* 20. Other: Job Related

### 3. Demonstrated Leadership (Organizations) - Elected

**Please enter any elected positions for each section and the dates served.**

**\*Be very clear about the dates (in years). For example:**

**President (6/2021 - 5/2022)**

1. Academy of Nutrition and Dietetics (national)

2. Washington State Academy of Nutrition and Dietetics (or other state affiliate)

3. District Dietetic Association

4. Other Professional Associations

#### 4. Demonstrated Leadership (Organizations) - Appointed

**Please enter any appointed positions for each section and the dates served.**

**\*Be very clear about the dates (in years). For example:**

**Convention Chair (6/2021 - 5/2022)**

1. Academy of Nutrition and Dietetics (national)

2. Washington State Academy of Nutrition and Dietetics (or other state affiliate)

3. District Dietetic Association

4. Other Professional Associations

## 5. Other

1. Please add any other information that supports the nomination for EDL.

2. Please submit information regarding your employer (if you are selected, a letter will be sent to your employer).

Supervisor Name:

Supervisor Title:

Organization:

Address:

Email Address: