

1.

Please complete the application completely.

All materials must be completed by midnight on January 31, 2025 for consideration.

* 1. Please enter your information:

Name:

Address:

Address 2:

City/Town:

State:

ZIP/Postal Code:

Country:

Email Address:

Phone Number:

2. Are you a current an Oregon Academy member?

Yes

No

3. Your Academy #:

4. Please upload the candidate's CV/resume here.

Choose File

Choose File

No file chosen

5. You have been an active national Academy member for a minimum of 8 years.

Yes

No

Unknown

6. ODY candidates must be over 35 years or older as of 5/1/2025.

Please enter your birth date.

Date

7. Please enter your 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. Number of years (total)

3. Other State/Affiliate Association(s) (e.g., Washington State, Idaho, California, etc.)

4. Number of years (total)

5. Academy of Nutrition and Dietetics

6. Number of years (total)

7. District Dietetic Association

8. Number of years (total)

9. Other Professional Associations

10. Number of years (total)

3. Demonstration of Leadership

This is a summary of leadership activity in focus areas. Use the outline below to provide a bullet-point summary of your activity or involvement in each of the 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. Number of years (total)

*** 3. Career Guidance & Education: Job Related**

4. Number of years (total)

*** 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. Number of years (total)

* 7. Community Service, Legislation/Policy and Public Relations: Job Related

8. Number of years (total)

* 9. Management: Volunteer

These 2 sections refer to administrative and management activities related to teams of people and/or projects.

10. Number of years (total)

* 11. Management: Job Related

12. Number of years (total)

* 13. Clinical Dietetics: Volunteer

These 2 sections refer to clinically-related activities.

14. Number of years (total)

* 15. Clinical Dietetics: Job Related

16. Number of years (total)

* 17. Research: Volunteer

These 2 sections refer to research-related activities.

18. Number of years (total)

* 19. Research: Job Related

20. Number of years (total)

* 21. Publications: Volunteer

These 2 sections refer to activities involving writing and editing.

* 22. Publications: Job Related

23. Number of years (total)

* 24. Other: Volunteer

* 25. Other: Job Related

26. Number of years (total)

4. Other

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

2. Upload a letter of reference here.

Choose File

Choose File

No file chosen

3. 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:

4. 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: