



OMA Speaker's Bureau Application Form

Become an OMA Speaker Today!

Mission

Raise medical community awareness that obesity is a medical disease best treated by trained medical providers.

Qualifications to Apply:

- OMA member, in good standing, for a minimum of three consecutive calendar years.
- Active OMA committee member for a minimum of one year.
- Physicians must be an ABOM diplomate.
- NPs and PAs must have the OMA Certificate of Advanced Education in Obesity Medicine.
- Current and future board members will automatically be members of the bureau. Past board members from 2015 and later will automatically be members of the bureau as long as they retain their OMA membership in good standing.

Instructions:

- Download the application.
- Fill in the application information below. All items are required fields.
- Attach a current CV.
- Have a board member submit a [Board of Trustees endorsement letter](#) of character and skills.
- You may attach additional files with your applications, such as evaluations, a voice recording, written speech outline, video of previous speaking engagements, photos, etc.
- Once all items are complete, email the application, CV, board endorsement, and any other items to sb@obesitymedicine.org.

Applicant Information

Date			
First Name:			
Last Name:			
Employer:			
Title:			
Credentials:			
City, State, Zip:			
Phone:		Email:	
Your Social Media Links:			
Facebook url	Twitter url	LinkedIn url	Instagram url
Other professional medical organizations you are a member of:			

Applicant Qualifications

Have you served on the OMA Board of Trustees at any time since 2015:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please state your dates of service and position:	
Have you been an OMA member consecutively for the last three (3) calendar years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list your dates of membership.	
Have you been an active member of an OMA committee for a minimum of one year? (Active members attended six or more meetings and participated in at least one committee project.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the committees on which you have served, including dates of service, as well as the projects you participated in.	
MDs & DOs: Are you ABOM certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NPs & PAs: Have you earned the Certificate of Advanced Education in Obesity Medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What is motivating you to be on the OMA Speakers Bureau at this time? (150 words maximum)

How will you help increase awareness about OMA if you are accepted on the OMA Speakers Bureau? (150 words maximum)

Professional Speaking Experience

Please provide 3-4 examples of your most recent professional speaking experiences. Include the audience, number of attendees, length of presentation, topic, presentation description, and evaluations. Please provide an audio, video, or file if available. (150 words maximum per presentation)

Please list your topics of expertise: (Check all that apply)			
<input type="checkbox"/> Nutrition	<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Behavior	<input type="checkbox"/> Pharmacotherapy
<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Practice Management	<input type="checkbox"/> Technology	<input type="checkbox"/> The Disease of Obesity
<input type="checkbox"/> Patient Assessment and Evaluation	<input type="checkbox"/> Communication with Patients	<input type="checkbox"/> Billing & Coding	<input type="checkbox"/> Other:

What level of prior speaking experience do you have? (Check all that apply)	<input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local
Maximum number of attendees you have spoken to or feel comfortable speaking to?	
Do you have webinar experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have podcast experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please include a brief speaker bio that we would include on the webpage for the Speakers Bureau (200 words maximum):	

Payment Information

A nonrefundable \$150 application fee is due at the time of application.*

Payment amount:	\$150
Card Number:	Exp. Date:

OR Check enclosed, made payable to “OMA”

*This application fee does not guarantee acceptance to the OMA's Speaker's Bureau.

General Terms Governing Participation in OMA Speaker's Bureau

- 1) Speakers shall not represent that: (a) they represent OMA; (b) their views are the views or opinions of OMA; or (c) the speaker and/or the speaker's views are otherwise endorsed by OMA.
- 2) Speakers must comply with all OMA policies and guidelines, including antitrust compliance, from time to time adopted by OMA.
- 3) In its sole discretion, OMA may terminate its association with the speaker at any time without cause and delete speaker's information from the speaker bureau database. In addition, OMA may revise the application and the application process at any time, without notice, in its sole discretion.
- 4) In its sole discretion, OMA may reject any applicant from the Speaker's Bureau.
- 5) Speakers can apply to serve on the OMA Speaker's Bureau for a two-year term. If the speaker would like to renew their term, an updated application must be received at the time of renewal.

Signature

By signing below, I certify all information is true and correct to the best of my knowledge and I indicate my agreement to the above General Terms as a condition of my participation in the OMA Speaker's Bureau.

Signature: _____ Date: _____