



**2019-2020 RESIDENT TRUSTEE APPLICATION**  
**Deadline for submission: Monday, December 10, 2018**

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell: \_\_\_\_\_  
Residency: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Current PGY: \_\_\_\_\_ Year of Program Completion: \_\_\_\_\_

**RESPONSIBILITIES**

1. Attend the following meetings:

|                              |                            |                               |
|------------------------------|----------------------------|-------------------------------|
| <b>September 13-14, 2019</b> | <b>January 24-25, 2020</b> | <b>April 14-19, 2020</b>      |
| CMDA Board Meeting           | CMDA Board Meeting         | CMDA Board Meeting            |
| Bristol, TN                  | Houston, TX                | CMDA House of Representatives |
|                              |                            | CMDA National Convention      |
|                              |                            | Cincinnati, OH                |

*\*Please note: All registration fees, travel and lodging are provided by CMDA for Resident Trustees.*

- 2. Review all pre-reads before Board meetings and the House of Representatives meeting.
- 3. Participate in the Executive Leadership of the [National Resident & Fellow Council](#) (NRFC) by:
  - a. Attending NRFC online meetings (approximately monthly).
  - b. Planning and attending resident events at National Convention.
- 4. Please complete and submit the following documents to [ccm@cmda.org](mailto:ccm@cmda.org):
  - a. This application
  - b. [CMDA Leadership Commitment Form](#).
  - c. Obtain acknowledgement from Residency Director to attend required meetings.
  - d. Letter of recommendation from current CMDA Regional Director, Area Director, Associate Director or a CMDA graduate leader.
  - e. Character reference letter (Can be from physician, dentist, pastor or other lay church leader.)
  - f. Curriculum Vitae

*Please answer the following questions in a separate document:*

**TESTIMONY:** Share your story of how you became a Christ-follower.

**CMDA INVOLVEMENT**

- 1. Current Involvement:
- 2. Past CMDA Involvement:
- 3. What do you hope to contribute and to gain by serving as a CMDA Resident Trustee?





**Residency Director Acknowledgment of Resident Participation  
Resident Trustee, CMDA**

Your resident, \_\_\_\_\_, has been nominated to serve as Resident Trustee to the Board of Trustees of the Christian Medical & Dental Associations (CMDA). Acknowledgement of required meeting attendance is requested.

CMDA is the nation’s largest faith based medical organization, comprised of over 18,000 physicians, dentists, and students, and is present on over 300 healthcare campuses across the United States. The governance of this national membership organization involves a national Board of Trustees, of which a Resident Trustee is elected annually. Your resident is applying for this national leadership position.

If selected, your resident will receive in-depth leadership and governance training and will be mentored by nationally respected doctors. The Resident Trustee will have a full voice in the CMDA Board of Trustees accompanied by full voting rights to influence the future direction of the organization.

While we recognize conflicts can occur, attendance at the Board of Trustees meetings is expected of the Resident Trustee. We ask for a commitment from the Resident to attend these meetings and request acknowledgment from your office of their capacity to do so. Travel and meeting expenses for the selected resident will be covered by CMDA.

For the **2019-2020** year, the Resident Trustee will be required to attend the following meetings:

**September 13-14, 2019**  
CMDA Board Meeting  
Bristol, TN

**January 24-25, 2020**  
CMDA Board Meeting  
Houston, TX

**April 14-19, 2020**  
CMDA Board Meeting  
CMDA House of Representatives  
CMDA National Convention  
Cincinnati, OH

We appreciate your acknowledgment of meeting attendance as described above. Should you have further questions, we would be happy to assist you at [ccm@cmda.org](mailto:ccm@cmda.org)

Acknowledgment of required meeting attendance for this applicant to serve as Resident Trustee of CMDA is confirmed with the signature below.

\_\_\_\_\_  
Residency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institution