



**PARKER**<sup>™</sup>  
UNIVERSITY

CONFIDENTIAL APPLICATION

**ALUMNI ASSOCIATION  
BOARD OF DIRECTORS**

Return completed application by mail to:  
PARKER UNIVERSITY  
OFFICE OF ALUMNI RELATIONS  
2540 WALNUT HILL LANE  
DALLAS, TX 75229

By fax to:  
214.902.3453

**APPLICATION FOR DIRECTORSHIP  
PARKER UNIVERSITY ALUMNI ASSOCIATION**

**BIOGRAPHICAL**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

S.S.N.: \_\_\_\_\_ Driver's License: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

U.S. Citizen:  Yes  No                      If naturalized give date: \_\_\_\_\_

**CONTACT INFORMATION**

Home address:

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business address:

Clinic Name \_\_\_\_\_

Street 1 \_\_\_\_\_

Street 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: WWW. \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Cell phone: \_\_\_\_\_

**EMPLOYMENT**

If you are employed outside of chiropractic, please state the nature of your business:

\_\_\_\_\_

Do you (or any of your family members or any of your business interests) currently have, or have had, any business relationships with Parker University, or any member (or former members) of the Alumni Association, or the administrative staff?

Yes       No      Please describe the nature and duration of any relationship:

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Please describe any issue which may create the appearance of a conflict of interest in your service on the Board: \_\_\_\_\_

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Check *no more than four* (4) techniques you practice regularly;

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Activator methods         | <input type="checkbox"/> Diversified         | <input type="checkbox"/> Myofacial      |
| <input type="checkbox"/> Applied kinesiology       | <input type="checkbox"/> Extremity adjusting | <input type="checkbox"/> SOT            |
| <input type="checkbox"/> Bio Energetic Sync (BEST) | <input type="checkbox"/> Gonstead            | <input type="checkbox"/> Upper Cervical |
| <input type="checkbox"/> Cranial                   | <input type="checkbox"/> Thompson            |   |
| <input type="checkbox"/> Cox/Flexion-distraction   | <input type="checkbox"/> Other: _____        |   |

Do you specialize in any areas such as Pediatrics, Geriatrics, Radiology, etc? If so, list your areas of specialization. \_\_\_\_\_

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**EDUCATION**

Name of School or College	Location	Date of Admission	Date of Graduation	Degree(s)

Licenses of Certificates Held (Type, Issuing Agency and Date of Issuance):

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Professional Memberships and Affiliations (*Spell out name of organization and start year*):

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Fraternal Membership (*Spell out name of organization and start year*):

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Publications (*Spell out name of publication and published date*):

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Honors or Honorary Degrees:

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Litigation History (as Plaintiff, Defendant, or Witness):

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Which one faculty or staff person at Parker University made the greatest impact on you while as a student? \_\_\_\_\_

Brief Resume of Experience:

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If appointed as a Director of the Parker University Alumni Association, have the obligation of completely familiarizing yourself with the bylaws of the Alumni Association.

If appointed to the Board, I hereby declare that I will uphold those principles of high academic, ethical and moral standards expected of me in this position.

I hereby consent and give permission to the Parker University Alumni Association to conduct an investigation into my fitness and qualifications to serve as a Director, including but not limited to access to my Driver's License records, criminal history records, and records of any litigation I have been involved in as a party or a witness.

I hereby assign to Parker University the right to record my voice or likeness, together with the full and irrevocable right to produce, copy, distribute, exhibit, and transmit by means of broadcast, closed circuit telecast, cable-cast, videotape, film or any similar electronic, digital or mechanical method. Any pictures or recordings made shall become the sole and exclusive property of Parker University in perpetuity.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please answer the following questions and be prepared to send a headshot of yourself for the ballot.

Why do you want to serve as a Board of Director of the Alumni Association?

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What skills do you bring to the Board of Directors?

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Attach (or use the "Additional Information" section) for any additional information you may desire in support of your candidacy such as published articles, vitae/resume, etc.

**ADDITIONAL INFORMATION**

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