



PARKERTM
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 Email to:
askalumni@parker.edu

**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:

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

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. _____

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):

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

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

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

Honors or Honorary Degrees:

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

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

Brief Resume of Experience:

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?

What skills do you bring to the Board of Directors?

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
