



## ADVOCACY AMBASSADOR PROGRAM

American Academy of Ophthalmology  
Mid-Year Forum 2025  
April 15-18, 2026  
The Westin Washington, D.C. Downtown

### NOMINATION FORM

#### **INSTRUCTIONS:**

This nomination will be reviewed by a joint selection committee of AAPOS and AAP, Section on Ophthalmology. There are 2 sections to this form. First section to be completed by the individual Nominee and the other by the Nominee's Residency, Fellowship Director or Department Chair.

Once both sections of the below nomination form are completed, please:

1. Email the completed form and a copy of the nominee's CV, to: [info@aapos.org](mailto:info@aapos.org) with a subject line of: "Advocacy Ambassador Nomination"
2. All submissions need to arrive at the above email address **no later than end of day on Sunday, January 25, 2026.**
3. Any submissions (incomplete or otherwise) after the above stated date and time will not be accepted or reviewed.

**SECTION A – To be Completed by the Nominee**

Full Name: \_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please answer:**

1. Please describe your interest in attending the American Academy of Ophthalmology’s Mid-Year Forum in Washington D.C., as a guest Advocacy Ambassador and why you should be selected as our 2026 nominee?

2. Please confirm you are an active member of the AAO?      YES       NO

3. Please confirm you are an active member of AAPOS?      YES       NO

**If selected, I agree to:**

- a. Participate in **all** designated elements of the Mid-Year Forum.
- b. Provide a presentation at my training program regarding my experiences and lessons learned at the Mid-Year Forum.
- c. Provide AAPOS and the Section on Ophthalmology of AAP a brief synopsis of my experiences at the Mid-Year Forum for publication in AAPOS’s newsletter or website.

\_\_\_\_\_  
Signature of Resident/Fellow Nominee

\_\_\_\_\_  
Date

**SECTION B – To be completed by the nominee’s residency/fellowship director or department chair.**

Nominee’s Residency/Fellowship Program: \_\_\_\_\_

Nominee’s Name: \_\_\_\_\_

Date (month/year) Resident/Fellow Began Training: \_\_\_\_\_

Date (month/year) Resident/Fellow Expected to Complete Fellowship Training: \_\_\_\_\_

Please list the name(s) and the title(s) of the individuals submitting this nomination on behalf of your fellowship program.

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

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

If this resident/fellow from my program is selected to participate in the *Advocacy Ambassador Program*, I agree to allow time following the Mid-Year Forum for him/her to give a presentation to colleagues regarding his/her experiences and lessons learned.

\_\_\_\_\_  
Signature of Residency/Fellowship Director or Dept Chair

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_