

OPTN Board of Directors Volunteer Interest Form

Personal Information

1. First and Last Name (Open-ended)
2. Preferred Email Address (Open-ended)
3. Preferred Phone Number (Open-ended)
4. Do you have an assistant that you would like copied on all correspondence? (Yes/No – only ask 4.a. and 4.b. if answer yes)
 - a. Assistant's email (Open-ended)
 - b. Assistant's phone number (Open-ended)
5. Are you 18 years or older? (Yes/No)
6. Type of community in which you reside – (Select one). Response categories: Urban; Rural; Suburban
7. Ethnicity – (Select all that apply). Response categories: Hispanic or Latino, Not Hispanic or Latino, Prefer Not to Disclose
8. Race – (Select all that apply). Response categories: African American, American Indian, Asian/Indian Sub-Continent, Caucasian (non-Hispanic), Hawaiian/Other Pacific Islander, Prefer Not to Disclose, Other
9. Professional degree(s) – (Select all that apply). Response categories: MD, JD, PhD, BA, BS, BSN, MS, MSN, MSHS, MHA, MPA, MPH, MPP, MA, MBA, MBE, RN, CPA, CPTC, CCTC, SW, MSW, LCSW, PharmD, DO, PA-C, Other (please specify), None
 - a. If other, please describe. (Open-ended)
10. Who is your current employer and what is your role? If none, please type N/A. (Open-ended)
11. What is your employment status? Response categories: Full-time, Part-time, Contractor, Volunteer, N/A. [Select One]
12. Are you currently subject to pending criminal charges, a serious ethics proceeding, or a regulatory disciplinary action?? (Yes/No – only ask 12.a. if answer yes)
 - a. If yes, please briefly describe the nature and status or disposition of the matter.. (Open-ended)
13. Within the past 7 years, have you been convicted of, or subject to a final serious ethics or regulatory disciplinary action? (Yes/No – only ask 13.a. if answer yes)
 - a. If yes, please briefly describe the nature and status or disposition of the matter. (Open-ended)
14. Is your current employer/ organization aware of your application to the OPTN Board? (Yes/ No)

Interest in this Opportunity

15. Why are you interested in the OPTN Modernization Initiative? (Limit: 250 characters) (Open-ended)
16. Why do you want to be a part of the OPTN Board of Directors? (Limit: 250 characters) (Open-ended)

17. What is your vision for the future of the OPTN and its Board of Directors? (Limit: 500 characters)
(Open-ended)

Professional Information

18. In what category would you like to be considered? (Select all that apply) Response categories: Organ transplant professionals, individuals with lived organ transplant experience, non-transplant professionals
19. Are you an organ transplant and/or procurement professional? (e.g., transplant physician/surgeon, transplant coordinator, OPO representative) (Yes/No – only ask 14.a. through 14.e. if answer yes)
- a. What is your current role? (Select one). Response categories: transplant physician/surgeon, transplant administrator, transplant coordinator, transplant hospital representative, organ procurement organization representative/employee, histocompatibility expert, organ transplant researcher, transplant nurse, medical director of a transplant program, or other transplant professional
 - i. If medical director of a transplant program, please provide the name of the transplant program and its associated institution or organization. (Open-ended) (Limit: 150 characters)
 - ii. If other, please describe. (Open-ended) (Limit: 250 characters)
 - b. What organ transplant programs are you involved with now? (Select all that apply). Response categories: Heart, Intestine, Kidney, Liver, Lung, Pancreas, Vascularized Composite Allograft, Face/Hand, Cornea, Other, None
 - i. If other, please describe (Open-ended) (Limit: 250 characters)
 - c. What are your primary areas of responsibility now? (Select all that apply). Response categories: Anesthesiology, Critical Care, Healthcare Finance, Histocompatibility, Immunology, Infectious Disease, Living Donation, Paired Donation, Pathology, Pediatrics, Procurement, Psychology, Social Work, Transplant Administration, Transplant Coordination, Other, None
 - i. If other, please describe (Open-ended) (Limit: 250 characters)
 - d. How long have you been in this role? (Numerical)
 - e. What OPTN region do you currently work in? (Select one) Response categories:
Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Eastern Vermont
Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, Northern Virginia
Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
Region 4: Oklahoma, Texas
Region 5: Arizona, California, Nevada, New Mexico, Utah
Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, Washington
Region 7: Illinois, Minnesota, North Dakota, South Dakota, Wisconsin
Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, Wyoming
Region 9: New York, Western Vermont
Region 10: Indiana, Michigan, Ohio
Region 11: Kentucky, North Carolina, South Carolina, Southern Ohio, Tennessee, Virginia

20. Have you held any organ transplant and/or procurement roles previously? (Yes/No – only ask 15.a. through 15.c. if answer yes)
- What professional organ transplant and/ or procurement roles have you held previously? (Select all that apply). Response categories: transplant physician/surgeon, transplant administrator, transplant coordinator, transplant hospital representative, organ procurement organization representative/employee- administrative, organ procurement organization representative/employee- clinical, histocompatibility expert, organ transplant researcher, transplant nurse, medical director of a transplant program, other transplant professional
 - If medical director of a transplant program, please provide the name of the transplant program and its associated institution or organization. (Open-ended) (Limit: 150 characters)
 - If other, please describe. (Open-ended) (Limit: 250 characters)
 - What organ transplant programs have you been involved with previously? (Select all that apply). Response categories: Heart, Intestine, Kidney, Liver, Lung, Pancreas, Vascularized Composite Allograft, Face/Hand, Cornea, Other, None
 - If other, please describe: (open-ended) (Limit: 250 characters)
 - How long did you hold each of these roles? Please provide the date ranges (DD/MM/YY) for each role. (Open-ended) (Limit: 200 characters)
21. Are you a patient, a donor, or a family member or caregiver of a patient (living/deceased) or donor? (Yes/No – only ask 16.a. through 16.j. if answer yes)
- In which of the following categories do you fit? (Select all that apply). Living donor, transplant recipient, family of a transplant recipient, family member of a living donor, family member of a deceased donor, other
 - If other, please describe (Open-ended) (Limit: 250 characters)
 - What type of transplant or donation (e.g., kidney, heart, liver, lung)? (Open-ended)
 - When did this transplant or donation occur? (Numerical [year])
 - How was your transplant or donation experience? (i.e., 1 = highly unsatisfied, 10 = highly satisfied) (Likert Scale)
 - What OPTN region do you currently live in? (Select one) Response categories:
 Region 1: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Eastern Vermont
 Region 2: Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, West Virginia, Northern Virginia
 Region 3: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico
 Region 4: Oklahoma, Texas
 Region 5: Arizona, California, Nevada, New Mexico, Utah
 Region 6: Alaska, Hawaii, Idaho, Montana, Oregon, Washington
 Region 7: Illinois, Minnesota, North Dakota, South Dakota, Wisconsin
 Region 8: Colorado, Iowa, Kansas, Missouri, Nebraska, Wyoming
 Region 9: New York, Western Vermont

Region 10: Indiana, Michigan, Ohio

Region 11: Kentucky, North Carolina, South Carolina, Southern Ohio, Tennessee, Virginia

- f. How long have you been involved in the procurement, donation, and/or transplant, community? (Numerical)
 - g. Please describe your previous and current involvement. (Open-ended) (Limit: 500 characters)
 - h. Please list any procurement, donation, and/or transplant advocacy, educational, and/or outreach activities you have participated in. (open-ended)
 - i. How did your procurement, donation, and/or transplant experience impact your involvement in the this community? (Limit: 500 characters)
 - j. Have you served on a patient advisory group? (Yes/No – if “yes” ask 15.j(i).)
 - i. Please provide the name of the patient advisory group(s) and number of years served in this role. (open-ended)
22. Do you have experience in ethics, such as training and professional experience in applying ethical principles within your scope of work? (e.g., medical ethicist, researcher or clinician with explicit ethics focus, philosopher) (Yes/No – only ask 17.a. and 17.b. if answer yes)
- a. Please select all ethics-related positions you have held. (Select all that apply). Response categories: Medical ethicist, researcher or clinician with explicit ethics focus, professor of ethics or bioethics, public health ethicist, clinical ethicist, research ethicist, bioethicist, philosopher, other
 - i. If other, please describe (Open-ended) (Limit: 250 characters)
 - b. What were your responsibilities in the roles you checked? Open-ended)
23. Do you have experience in finance, such as the management and analysis of an entity’s finances? (e.g., financial analyst, Chief Financial Officer, finance committee member) (Yes/No – only ask 18a. through 18c. if answer yes)
- a. Please select all finance-related positions you have held. (Select all that apply). Response categories: Chief Executive Officer; Chief Operations Officer; Chief Financial Officer; president; executive director; financial analyst; board treasurer; finance committee member; department chair of a division, institute, or research center; director of a division, institute, or research center; other
 - i. If other, please describe (Open-ended) (Limit: 250 characters)
 - b. What were your responsibilities in the roles you checked? (Open-ended)
 - c. For any applicable positions, please list the size of the company and budget you manage(d). (Open-ended)
24. Do you have experience in governance, such as overseeing the direction of an organization and holding it accountable to meet the goals? (e.g., President, executive director, board member) (Yes/No – only ask 19.a. and 19.b. if answer yes)

- a. Please select all governance-related positions you have held. (Select all that apply). Response categories: President, executive vice president, Chief Executive Officer, executive director, board leadership, board member, chair/vice chair of a committee, other
 - i. If other, please describe (Open-ended) (Limit: 250 characters)
 - b. What were your responsibilities in the roles you checked? (Open-ended)
25. Do you have experience in logistics or operations, such as facilitating or overseeing the logistics and transport of organs, supply chain logistics, operational efficiency, or transportation and shipping? (e.g., Chief Supply Chain Officer, operations manager, clinical or donation coordinator) (Yes/No – only ask 20.a. and 20.b. if answer yes)
- a. Please select all logistics/operations-related positions you have held. (Select all that apply). Response categories: Chief Supply Chain Officer; Chief Operating Officer; supply chain analyst or manager; operations, logistics, transportation or inventory manager; procurement specialist, transportation and logistics coordinator; clinical, tissue, donation, or recovery coordinator, technical, and/or specialist; medical director; hospital liaison; freight broker or fleet manager; other
 - i. If other, please describe (Open-ended)
 - ii. What were your responsibilities in the roles you checked? (Open-ended)

Interest and Alignment with Modernization

26. In what Board Leadership positions are you interested in serving (if any)? (Select all that apply). Response categories: President; Vice President; Vice President for Patient Donor Affairs; Secretary; Treasurer; None (only ask 21a. if marked any of the roles)
- a. Why are you interested in the Board Leadership position(s) you selected? (Limit: 250 characters) (Open-ended)
27. On what committees, that advise and are seated by the Board, are you interested in serving (if any)? (Select all that apply). Response categories: Executive Committee; Finance Committee; Network Operations Oversight Committee; Nominating Committee; None
28. Nominations for regional positions are being handled differently for this election cycle. During the open nomination and application process, anyone—including members of regional nominating committees—will be able to submit nominations for regional representation. This year, all Regional Councillor and Associate Regional Councillor roles will be voted on within region-specific sections of the ballot. Within each region, the candidate with the highest number of votes will become the Regional Councillor and the runner-up will become the Associate Regional Councillor. Are you interested in being considered as a candidate for one of the regional representative roles? (Yes/No)
29. Do you currently serve on the OPTN Board of Directors or have you served on the Board previously? (Yes/No – only ask 24.a. and 24.b. if answer yes)
- a. When did you serve on the OPTN Board? Please provide date ranges (DD/MM/YY). (Numerical [year])

- b. In what capacity did you serve? (Select all that apply). Response categories: President; Vice President; Secretary, Vice President for Patient Donor Affairs, Treasurer, Regional Councillor; At Large, Other
- i. If other, please describe.
30. Do you currently serve on any OPTN committees? (Yes/No – only ask 25.a. through 25.c. if answer yes)
- a. On what committee do you currently serve? (Select all that apply). Response categories: Data Advisory Committee, Disease Transmission Advisory Committee, Ethics Committee, Executive Committee, Finance Committee, Heart Transplantation Committee, Histocompatibility Committee, International Relations Committee, Kidney Transplantation Committee, Liver & Intestinal Organ Transplantation Committee, Living Donor Committee, Lung Transplantation Committee, Membership and Professional Standards Committee, Minority Affairs Committee, Multi-Organ Transplantation Committee, Network Operations Oversight Committee, Nominating Committee, Operations and Safety Committee, Organ Procurement Organization Committee, Pancreas Transplantation Committee, Patient Affairs Committee, Pediatric Transplantation Committee, Policy Oversight Committee, Transplant Administrators Committee, Transplant Coordinators Committee, Vascularized Composite Allograft Transplantation Committee, Thoracic Organ Transplantation Committee
- b. In what capacity do you serve? (Select all that apply). Response categories: Chair; Vice Chair; At-Large, Regional Representative, Advisor, Ex-officio
- c. When did you begin serving on this committee/committees? (Numerical [year])
31. Have you previously served on any OPTN committees? (Yes/No – only ask 26.a. through 26.c. if answer yes)
- a. On what committee(s) did you serve? (Select all that apply). Response categories: Data Advisory Committee, Disease Transmission Advisory Committee, Ethics Committee, Executive Committee, Finance Committee, Heart Transplantation Committee, Histocompatibility Committee, International Relations Committee, Kidney Transplantation Committee, Liver & Intestinal Organ Transplantation Committee, Living Donor Committee, Lung Transplantation Committee, Membership and Professional Standards Committee, Minority Affairs Committee, Multi-Organ Transplantation Committee, Network Operations Oversight Committee, Nominating Committee, Operations and Safety Committee, Organ Procurement Organization Committee, Pancreas Transplantation Committee, Patient Affairs Committee, Pediatric Transplantation Committee, Policy Oversight Committee, Transplant Administrators Committee, Transplant Coordinators Committee, Vascularized Composite Allograft Transplantation Committee, Thoracic Organ Transplantation Committee
- b. In what capacity did you serve (e.g., Chair, Vice Chair, At-large)? Please list each committee and position. (Open-ended) (Limit: 250 characters)
- c. When did you serve on this committee/committees? Please provide date ranges (DD/MM/YY). (Numerical [year])

32. Do you currently serve or have you previously served on any committees related to organ procurement, donation and/or transplantation outside of the OPTN? (Yes/No – if yes ask 27a.)
- a. Please describe the committee on which you serve(d), the capacity in which you serve(d), and years you serve(d). (Open-ended)
33. Describe any other volunteer experience you have in procurement, donation and/or transplantation, if applicable. (Open-ended) (Limit: 500 characters)
34. Tell us anything about yourself that is not captured and that you think is relevant to your application. (Open-ended) (Limit: 500 characters)
35. Currently, Board members spend an average of 12 hours per month volunteering on the Board. Can you commit 12 hours or more per month to Board responsibilities and duties? (Yes/No).
36. Are you willing and able to travel 1-3 times per year for multi-day OPTN Board and other meetings? (Yes/No)

References

37. Reference 1 (Name, Relationship to Candidate, Title, Organization, phone, email) (Open-ended)
38. Reference 2 (Name, Relationship to Candidate, Title, Organization, phone, email) (Open-ended)

Supporting Materials Upload

Please send your CV, resume, or other relevant documents to OPTNBoardSupport@air.org with the following subject line: "OPTN Volunteer Interest Application Materials"

39. Have you published materials (e.g., peer-reviewed journal articles or book chapters, conference papers, white papers, reports) related to organ procurement, donation and/or transplant? This can include publications on clinical or translational research, health services, impact of allocation policy changes, and/or regulatory metrics. (Yes/No)
- a. If yes, please provide the citations for up to five of these publications. (Open-ended)
40. How did you hear about the opportunity to apply for a position on the OPTN Board of Directors? (Select all that apply). Response categories: OPTN announcement, word of mouth, colleague, other
- a. If other, please describe.

Almost there!

Thank you for completing this form! **Don't forget to click "Submit" below.**

Please also remember to send your CV, resume, or other relevant documents with this application.

Public Burden Statement: This collection includes Organ Procurement and Transplantation Network (OPTN) Board of Directors and committee member applications and forms. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-XXXX and it is valid until XX/XX/202X. This information collection is voluntary. Data will be private to the

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