National Kidney Foundation™
of Arizona

Medical Advisory Board - Position Description

Job Title:

Member of the Medical Advisory Board

Commitment:

1-3 Year Term with option to renew
Actively participate in MAB meetings, held at least twice per year
Actively Promote NKF AZ events, programs, and relevant fundraising opportunities
Volunteer at one Path to Wellness screening per year

Qualifications:

Expertise and interest in renal health and/or other medical or scientific expertise and experience relevant to the mission of NKF AZ.

Must be willing to become familiar with the mission, policies, and programs of the organization.

Must be motivated to work toward fulfilling the mission of the organization.

Job Summary:

A Medical Advisory Board member holds the trust of the public served by the National Kidney Foundation of Arizona, affiliate of National Kidney Foundation, Inc., and should strive to serve that public by helping to evaluate financial expenditures for medical and scientific purposes, contributing expertise and experience to inform NKF AZ's programmatic and strategic decisions, supporting the staff, enhancing the public image, and supporting the events and programs of NKF AZ.

Members of the NKF AZ Medical Advisory Board may be asked to contribute to the following (not limited to):

- Review and make recommendations regarding the expenditure of funds for medical and scientific purposes
- Recommend policies, procedures, and guidelines for granting of funds to individuals, institutions, or establishments
- Participate in Path to Wellness screening events, to include promoting the event, recruiting clinical volunteers, and participating in at least one screening event per year
- Actively engage in professional education events offered by NKF AZ (Grand Rounds, Southwest Nephrology Conference, etc). recommending speakers or topics, promoting the event to colleagues, and/or presenting at such events

- Review and make recommendations regarding all information of a medical or scientific nature produced internally by NKF AZ before its dissemination to the public or medical community

My signature below indicates that I understand my duties and responsibilities as a member of the National Kidney Foundation of Arizona Medical Advisory Board, as described above.

Print Name	Term (number of years)
Signature	Date