



## **POLICIES AND PROCEDURES MANUAL**

**Academy for Eating Disorders**  
**Policies & Procedures**  
*Revised October 2016*

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## **PREAMBLE**

Policies are principles, rules, and guidelines formulated or adopted by an organization to reach its long-term goals. Policies:

- Help ensure that all members are treated fairly and consistently
- Keep associations from having to make the same decisions again and again and again
- Help ensure that the association makes individual decisions consistent with their values and preferences
- Help Boards delegate responsibility to others – staff, committees – and ensure that standards are being met.

Policies define what is to be done. Procedures are the specific methods employed to express policies in action in day-to-day operations of the organization. Together, policies and procedures ensure that a point of view held by the governing body of an organization is translated into steps that result in an outcome compatible with that view.

In this document the AED has laid out a clear road map of policies and procedures to guide our work. These policies are a living document – evolving as our needs and our thinking about AED evolves.

### **New Policies**

A new policy can be proposed at any time by a board member or by a committee through the appropriate Board Portfolio holder. Procedurally, the proposer would create a document outlining the need for the policy, and the suggested policy itself. This document would be submitted to the AED Secretary. Once the Secretary has verified that it is “new” as opposed to being redundant or in conflict with an existing policy; and that it was not in violation of the AED Bylaws or any other law or regulation that AED is subject to abide by, the Secretary will present it for consideration to the Board.

### **Policy Revisions**

From time to time board or staff may find a policy to be insufficient to meet the decision making needs of AED. A recommended revision would be submitted to the Secretary, who would bring the suggested change to the Board for consideration>

### **Policy Review**

To ensure that policies remain relevant and comprehensive, a systematic review of all policies will occur every three years.

Responsibility for each policy resides with a member of the Executive Committee, or with a Board Portfolio holder, as noted in the Table of Contents of this document. In June of each third year, the individual policies will be sent by staff to the responsible officer/director, with the request that they review it, and share it with the relevant Committee Chairs, for comment and improvement. All comments will be collected and annotated by staff in an update to this manual, and the annotated policy manual will be sent to the AED Board for approval prior to the Mid-Year Board meeting. Substantive recommended changes will identified for specific board discussion and approval.

## **CONFLICT OF INTEREST**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

The purpose of this policy is to protect AED's interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, committee chair, staff member, committee member or other volunteer. This policy is intended to supplement but not replace any applicable local, state, federal or international laws governing conflicts of interest applicable to nonprofit corporations.

### **Policy**

Conflicts of interest arise whenever the personal or professional interests of an individual are *potentially* at odds with the best interests of AED. Such situations may be acceptable if they are not at odds with the AED's interests and if decisions are made in an objective and informed manner. This conflict of interest policy should not be construed as creating a presumption of impropriety in the existence of financial or other interests. Rather, this policy is intended to address conflicts primarily through liberal disclosure of any financial or other interest which might be construed as resulting in an actual, potential or apparent conflict.

### **Procedure**

- 1) To help minimize the possibility of conflict of interest, AED will seek competitive bids whenever possible and practical for services and arrangements for initiatives that involve a substantial financial interest (amounts greater than or equal to \$5,000).
- 2) Any individual in a position to contribute to decisions that are made on behalf of the AED (officer, committee chair, staff member, committee member or other volunteer) who has a direct or indirect non-financial or financial interest, as defined below, may have a conflict of interest. A person has a financial interest if the person has, directly or indirectly, through business, investment or family:
  - a) an ownership or investment in any entity with which AED has a transaction or arrangement, or
  - b) a compensation arrangement with AED or with any entity or individual with which AED has a transaction or arrangement.



- 3) Compensation includes direct and indirect remuneration as well as gifts or favors that are substantial in nature. A financial interest is not necessarily a conflict of interest. In many cases, this may be addressed by disclosure of the potential conflict of interest. However, a person who has a financial or non-financial interest may withdraw him/herself or be recused from participation in decision-making if that disclosure is not sufficient to deal with actual or potential conflict of interest.
- 4) Duty to Disclose
  - a) All AED officers, committee chairs, staff members, committee members and other volunteers are required to disclose to the Board of Directors any actual or potential financial or non-financial interest which he or she may have in any matter pending before AED that could be construed as resulting in a conflict of interest. This includes actual, potential, and apparent conflicts of interest.
- 5) Procedures for Addressing the Conflict of Interest
  - a) Once an interest is disclosed to the relevant parties, they generally will be able to evaluate and adjust for the possible influence of the disclosed interest. If it is determined that a conflict of interest exists, the Board of Directors may require any action it deems appropriate, including, but not limited to, the following:
    - b) Investigation of alternatives to the proposed transaction or arrangement that may be equally advantageous but not give rise to a conflict of interest.
    - c) Disclosure of the interest to the other participants in the decision- or policy-making body.
    - d) Written and/or oral disclosure of the interest to an audience receiving the results of the project, activity, or transaction (e.g., research results).
    - e) Recusal from discussion and voting on a matter and limitation of an individual's participation only to the provision of factual information of benefit to the group discussion or decision-making process.
    - f) Complete recusal from a portion of the meeting or from other review of, or participation in, the project, activity or transaction.
    - g) Replacement of the individual in the position or activity.
- 6) Additional Points
  - a) Any officer, committee chair, staff member, committee member or other volunteer shall refrain from obtaining any list of AED members or event participants for personal or private solicitation

## **PROPOSING AND DETERMINING SPONSORSHIPS AND ENDORSEMENTS OF PROFESSIONAL ACTIVITIES**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

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### **Background**

From time to time various organizations or individuals may approach officers or members of the Academy for Eating Disorders (AED, also referred to as the Academy) to propose that the Academy serve to co-sponsor or endorse various works, activities or meetings initiated by an individual or another group.

### **Policy**

The AED shall co-sponsor or endorse activities initiated by AED members or other organizations when such activities are in line with the AED mission and goals, will benefit AED members, patients, their families, the public at large, or health professionals who serve patients with eating disorders, and when such co-sponsorship or endorsements will be to the benefit, and not to the financial, legal or other detriment, of the Academy. The AED will not endorse individual activities and works such as books and audiovisual productions where no benefit to the AED exists.

### **Procedure**

- 1) Academy members who wish to propose that the Academy co-sponsor or endorse a meeting, program or activity initiated by another individual or organization (or other individuals or organizations) shall prepare a written proposal to the Director for Research-Practice Integration covering all of the following points of information:
  - a) The nature, extent, beginning and ending dates of proposed Academy involvement including a clear, detailed statement of what Academy co-sponsorship or endorsement would entail with regard to use of the Academy's name, personnel, and/or other resources.
  - b) Proposed benefit to the AED in terms of helping the AED meet its Vision, Mission, or Strategic Goals. Any proposed financial benefit for the AED as well as the benefit to AED members.

- c) The financial nature of the initiating organization (e.g., non-profit, for-profit or other sort of entity).
  - d) Any other potential financial, legal or other rewards or risks or potentially adverse aspects of the Academy's involvement.
- 2) Academy members or other organizations who wish to propose that the Academy enter a partnership to sell products shall provide the product (copies of books, videos, etc.) to the AED Executive Director and prepare a written proposal to the Director for Standards for Excellence covering all of the following points of information:
- a) The nature of the partnership including a detailed statement of what the AED will do in terms of promoting, selling, or distributing the product.
  - b) Proposed benefit to the AED in terms of helping the AED meet its Vision, Mission, or Strategic Goals. Benefit to AED members. Any proposed financial benefit for the AED.
  - c) The financial nature of the individual or initiating organization (e.g. non-profit, for-profit or other sort of entity).
  - d) Any other potential financial, legal or other rewards or risks or potentially adverse aspects of Academy involvement.

This proposal will be reviewed by the Director for Standards for Excellence and, if deemed meritorious, the product will be forwarded by the AED Executive Director to the Awards and Scientific Review Committee Director for peer review of the product (book, video, etc.) to ensure that it meets the AED's goal of integrating research and practice.

- 3) For either type of proposal (1 or 2 above), if the relevant Director decides that it is not in the best interest of the AED to pursue co-sponsorship/partnership, the Director will communicate this in writing and the reasons for this decision to the AED member or organization seeking co-sponsorship/partnership. The Executive Director will also be informed of the decision.
- 4) For either type of proposal, if the relevant Director concludes that the co-sponsorship/partnership will benefit both the field and the AED, the Director will provide a recommendation to the Board of Directors, including a description of the nature of the co-sponsorship/partnership, how the co-sponsorship/partnership supports the AED's Vision/Mission/Goals, and financial implications of the partnership.
- 5) The AED board will consider the value of AED co-sponsorship and endorsement of the meeting, program, activity, or product and formally vote on whether or not to approve the co-sponsorship/endorsement/partnership. If this arrangement is approved, the AED board

will assign a term limit upon its endorsement (e.g., 2 years, 3 years, etc.). After this period, the sponsorship/endorsement/partnership arrangement must be renewed, or else it is automatically terminated. Term limits can be flexible, and suited to the nature of the specific meeting, program/activity, or product in question.

## **MEMBER STANDARDS OF CONDUCT**

### **Status of Document**

Date of Draft: September 11, 2015

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### **Purpose**

The purpose of this policy is to outline the standards of conduct for AED members and to describe the guidelines for the enforcement of these standards.

### **Policy**

The AED Board of Directors will manage and oversee the communication of the AED Member Standards of Conduct to the membership, the revision or development of these standards, and the enforcement of these standards.

### **Procedures**

Ethical practice is an essential aspect of professional conduct. All AED members are expected to abide by and adhere to the following Standards of Conduct:

- 1) Members are expected to conduct their professional and academic activities in a conscientious manner, with integrity, honesty, and fairness.
- 2) Members are expected to abide by and adhere to the professional standards, applicable laws and regulations, and Standards of Ethical Practice concerning their respective degrees, professional credentials, certifications, professional positions, and offices.
- 3) Members are not to use their association with the AED for commercial purposes, such as advertisements or endorsements. Members of the AED who make commercial endorsements, testimonials or supportive statements shall not make reference to the AED, membership in the AED, or use the name or logo of the organization. Examples of acceptable uses of the AED title or membership are in a resume, biographical sketch, curriculum vitae or in a list of professional accomplishments for the purpose of an introduction as a speaker at a professional meeting.
- 4) Members will openly identify all sources of direct or indirect financial support of their work related to any AED conference, workshop, teaching day, Board activity or other AED-related presentation. Members will fully disclose any conflict of interest involved in any AED publication or scientific, clinical or other AED-related forum in which their work is presented. Examples of conflict of interest include, but are not limited to: stock ownership in a company that supports their work; a partnership in a company whose

products are used in the author's study; direct financial support from a company whose products or services are utilized in the author's work.

### **Enforcement of Standards of Conduct**

- 1) Complaints or requests for review of violations:
  - a) Complaints may be presented to the AED Board of Directors by any member (or non-member) in the form of a signed letter, clearly stating the facts concerning the situation. The Board may also choose to review any situation of substantial concern regarding member ethics or standards of conduct that comes to the Board's attention via other reliable means.
  - b) If the Board of Directors, by a 2/3 majority, finds that the situation warrants further investigation, the member will be sent a statement of the complaint or charges by registered mail to the last known address of the member so charged. That statement will include a request for a full explanation of the specifics of the issue by that member either in writing, via teleconference or in person (at a place and time upon which all parties can agree). Failure to comply with this request will justify immediate removal of membership privileges. In such instances, the member in question will be informed of the latter action by registered mail.
  - c) If the complaint was filed in the form of a letter, the identity of the person submitting the complaint may remain protected at that individual's request.
  - d) Should 2/3 of the Board find, after full investigation, that the Standards of Conduct have been violated, the Board will inform the member of the Board's findings by letter.
  - e) Some violations of ethical conduct (such as conviction of a felony or crime of moral turpitude or violation of criminal or regulatory codes) may cause the Board to opt to revoke a member's AED membership. In such cases, the Board may (but need not necessarily) opt to request a face-to-face, telephone, or video hearing, to allow the member to state his/her case. Whether or not there is such a meeting, the Board will ultimately reach its decision and inform the member of the decision by registered mail.
- 2) Disciplinary action
  - a) Disciplinary action shall be determined by the Board of Directors based on the nature and seriousness of the infraction. For very serious breaches of the Standards of Conduct, any member of the AED may be suspended for a period of time or have his/her membership terminated. Disciplinary action will be considered without prejudice.
    - i. Termination (revocation) of membership:  
In circumstances involving such events as conviction of a felony or crime of moral turpitude or violation of criminal or regulatory codes or when unethical actions have caused harm to those the AED seeks to help, membership privileges may be

permanently revoked. Regardless of cause, when membership is revoked, the loss of membership status will be permanent.

ii. Suspension of Membership:

In situations in which the violation of ethical principles or standards of conduct is regarded by the Board as being less severe, and especially in situations in which it is felt that there is possibility of reparation or remediation for behaviors deemed to be unethical, the Board may opt to impose a temporary suspension of membership. Circumstances that may precipitate such action will tend to involve important lapses in judgment felt to require sanction, but regarded as implying no frank malevolence (e.g., poor judgment with respect to maintaining suitable boundaries on the therapeutic role or billing for services, conviction of lesser crimes, or other violations of codes of ethical or professional conduct that are felt to require sanction, but not to necessitate revocation of membership). Sanctions for such actions involve temporary suspension of membership and may involve mandatory completion of corrective actions. The specific period of membership suspension will be determined by the board, following suitable evaluation of the events necessitating ethics review. Again, the Board may (but need not necessarily) opt to request a face-to-face, telephone, or video hearing, to allow the member to state his/her case. Whether or not there is such a meeting, the board will ultimately reach its decision and inform the member of the decision by registered mail.

b) Membership Reinstatement following Membership Suspension:

- i. When disciplinary action involves suspension of membership privileges, the member will be reinstated as an AED member after completion of any and all required corrective actions, or when the specified period of suspension has expired, unless new violations that were not considered as part of the original complaint have come to light.
- ii. Where corrective actions are required, a written request for reinstatement must be submitted to the AED Board including documentation of any and all completed required corrective actions.
- iii. The board will review the request at the next scheduled board meeting or teleconference.
- iv. The Board may request to meet with the member in person or via teleconference to more thoroughly review the request and/or the documentation.
- v. Membership reinstatement may occur with a 2/3 vote of approval to do so by the Board.
- vi. The member will be notified of the Board's decision within four weeks of the completed review.
- vii. If reinstatement is not granted, the Board will state, in writing, the reasons, any further corrective actions required to be completed, and the next possible date for consideration of reinstatement. A second letter, from the member requesting

reinstatement, will not be required. Further documentation that the necessary corrective actions have been completed may be requested by the Board.

- 3) Implication of revocation of membership or professional licensure for participation in AED activities:
  - a) Following revocation of his/her membership (or during suspension of his/ her membership) by a Board decision, a former/suspended AED member will not be allowed to present papers, workshops or exhibits at the AED International Conference, to sit on AED Committees or Task Forces, or to participate in AED-sponsored events.
  - b) In instances in which it becomes known that a non-AED member has had his or her license revoked by a professional regulatory body, or dismissal from a workplace for actions consistent with ethical or legal misconduct, or has in some other manner recognized by the AED Board been deemed to have acted in a criminal or unethical manner (such as conviction of a felony or crime of moral turpitude or violation of criminal or regulatory codes), that individual will not be allowed to present papers, workshops or exhibits at the AED International Conference, to sit on AED Committees or Task Forces, or to participate in AED-sponsored events.



## **BOARD AND STAFF CODE OF ETHICS**

### **Preamble**

The Academy for Eating Disorders is a not-for-profit, tax-exempt global professional association committed to leadership in eating disorders research, education, treatment, and prevention. We seek to ensure global access to knowledge, research and best treatment practice for eating disorders.

AED's principal membership class consists of psychiatrists, psychologists, nutritionists, advocates, patient-carers, clinicians, researchers, academics, and students working in the field of eating disorders. The business of the association is managed under the direction of the AED board of directors. The board's code of ethics serves as a code of conduct for association volunteers and staff in their capacity as board members. Members of the board affirm their endorsement of the code and acknowledge their commitment to uphold its principles and obligations by accepting and retaining membership on the board.

This document does not embody the totality of the Academy for Eating Disorders ethical standards, nor does it answer every ethical question or issue that might arise. Rather, it is one element of a broader effort to create and maintain a quality organization that gives ethical conduct the highest priority. This code will be reviewed periodically by the organizational leadership.

### **Board of Directors Code of Ethics**

Members of the board (including ex officio members of the board) shall at all times abide by and conform to the following code of conduct in their capacity as board members:

- 1) Each member of the board of directors will abide in all respects by the *AED Members' Code of Ethics* and all other rules and regulations of the association (including but not limited to the association's articles of incorporation and bylaws) and will ensure that their membership in the association remains in good standing at all times. Furthermore, each member of the board of directors will at all times obey all applicable laws and regulations and will provide or cause to provide the full cooperation of the association when requested to do so by those institutions and their persons set in authority as are required to uphold the law.
- 2) Members of the board of directors will conduct the business affairs of the association in good faith and with honesty, integrity, transparency, equity, confidentiality, due diligence, and reasonable competence.
- 3) Except as the board of directors may otherwise require or as otherwise required by law, no board member shall share, copy, reproduce, transmit, divulge or otherwise disclose any confidential information related to the affairs of the association.

- 4) Members of the board of directors will exercise proper authority and good judgment in their dealings with association staff, suppliers, and the general public and will respond to the needs of the association's members in a responsible, respectful, and professional manner.
- 5) Members of the board of directors will listen to the organization's stakeholders and make all reasonable efforts to satisfy their needs and concerns within the scope of its mission and vision, striving for excellence and innovation and demonstrating professional respect and responsiveness to constituents, donors and others. As an international community, the board of directors, staff and executive leadership will make an effort to understand, respect and support all members, who represent a wide range of cultures and to contribute to an organizational culture that respects the diverse, individual contributions of members, staff and leadership.
- 6) No member of the board of directors will use any information provided by the association or acquired as a consequence of the board member's service to the association in any manner other than in furtherance of his or her board duties. Further, no member of the board of directors will misuse association property or resources and will at all times keep the association's property secure and not allow any person not authorized by the board of directors to have or use such property.
- 7) Each member of the board of directors will use his or her best efforts to regularly participate in professional development activities and will perform the tasks and responsibilities that he or she agrees to undertake in a professional and timely manner pursuant to the board's direction and oversight.
- 8) Upon termination of service, a retiring board member will promptly return to the association all documents, electronic and hard files, reference materials, and other property entrusted to the board member for the purpose of fulfilling his or her job responsibilities. Such return will not abrogate the retiring board member from his or her continuing obligations of confidentiality with respect to information acquired as a consequence of his or her tenure on the board of directors.
- 9) The board of directors dedicates itself to leading by example in serving the needs of the association and its members and also in representing the interests and ideals of the eating disorder community at large.
- 10) The board of directors, staff and executive leadership should provide credible and effective oversight to the Academy's work without personal bias; and should comply with applicable international, federal, state and local laws, regulations and fiduciary responsibilities in an effort to create transparency in all Academy for Eating Disorders operations.
- 11) No member of the board of directors shall persuade or attempt to persuade any employee of the association to leave the employ of the association or to become employed by any person or entity other than the association. Furthermore, no member of the board of directors shall persuade or attempt to persuade any member, exhibitor, advertiser, sponsor, subscriber, supplier, contractor, or any other person or entity with an actual or potential relationship to or with the association to terminate, curtail, or not enter into its relationship to or with the association or to in any way reduce the monetary or other benefits to the association of such relationship.

- 12) The board of directors must act at all times in the best interests of the association and not for personal or third-party gain or financial enrichment. Directors may not accept commissions, gifts, payments, loans, promises of future benefits or other items of value from anyone who has or may seek some benefit from the Academy for Eating Disorders in return, other than occasional gifts of nominal value that are in keeping with good business ethics. When encountering potential conflicts of interest, board members and staff will identify the conflict and, as required, remove themselves from all discussion and voting on the matter. A conflict of interest can occur when a board member's personal interest is, or may appear to be, adverse to the interests of the Academy for Eating Disorders as a whole. Personal interests may include, but are not limited to, outside activities, financial or other business interests, personal or charitable relationships or political interests or offices. Conflicts of interest also arise when a director, staff member, leadership member, or a member of his or her immediate family, receives improper personal benefits as a result of his or her position within the Academy for Eating Disorders.
- 13) Specifically, board members and staff shall follow these guidelines:
- a) Avoid placing (and avoid the appearance of placing) one's own self-interest or any third-party interest above that of the organization; while the receipt of incidental personal or third-party benefit may necessarily flow from certain organization activities, such benefit must be merely incidental to the primary benefit to the organization and its purposes;
  - b) Do not abuse board membership or status as staff by improperly using board membership, staff, services, equipment, resources, or property for personal or third-party gain or pleasure; board members or staff shall not represent to third parties that their authority as a board or staff member extends any further than that which it actually extends;
  - c) Do not engage in any outside business, professional or other activities that would directly or indirectly materially adversely affect the organization;
  - d) Do not engage in or facilitate any discriminatory or harassing behavior directed toward organization staff, members, officers, directors, meeting attendees, exhibitors, advertisers, sponsors, suppliers, contractors, or others in the context of activities relating to the association;
  - e) Do not solicit or accept gifts, gratuities, free trips, honoraria, personal property, or any other item of value from any person or entity as a direct or indirect inducement to provide special treatment to such donor with respect to matters pertaining to the organization without fully disclosing such items to the board of directors; and
  - f) Provide goods or services to the organization as a paid vendor of the organization only after full disclosure to, and advance approval by, the board, and pursuant to any related procedures adopted by the board.

## **Sample Board Member Agreement**

I, \_\_\_\_\_, understand that as a member of the Board of Directors of \_\_\_\_\_, I have a legal and ethical responsibility to ensure that AED does the best work possible in pursuit of its goals. I believe in the purpose and the mission of AED, and I will act responsibly and prudently as its steward. As part of my responsibilities as a board member:

- 1) I will interpret AED's work and values to the community, represent AED, and act as a spokesperson.
- 2) In turn, I will interpret our constituencies' needs and values to AED, speak out for their interests, and on their behalf, hold AED accountable.
- 3) I will make every effort to attend at least 75 percent of board meetings and will participate in appropriate committee meetings and special events.
- 4) I will maintain my membership in good standing.
- 5) I will make every effort to attend the annual ICED and encourage others to do so.
- 6) I will recuse myself from discussions and votes where I have a conflict of interest.
- 7) I will stay informed about what is going on in AED. I will ask questions and request information. I will participate in and take responsibility for making decisions on issues, policies, and other matters. I will not stay silent if I have questions or concerns.
- 8) I will make a good-faith effort to fulfill any specific responsibilities or tasks that I agree to take on.
- 9) I will work in good faith with staff and other board members as partners toward achievement of our goals.
- 10) If I don't fulfill these commitments to AED, I will expect the board president to contact me directly to discuss my commitment and/or inability/unwillingness to fulfilling my responsibilities.

### **In turn, AED will be responsible to me in the following ways:**

- 1) I will be sent, without having to request them, timely financial reports and an update of organizational activities that allow me to meet the prudent person standards of the law. (The Prudent Person Rule, applied in many legal settings in slightly differing language, states that an individual must act with the same judgment and care as, in like circumstances, a prudent person would act.)
- 2) Opportunities will be offered to me to discuss with the executive director and the board president AED's programs, goals, activities, and status; additionally, I can request such opportunities.
- 3) AED will help me perform my duties by keeping me informed about issues in the field in which we are working and by offering me opportunities for professional development as a board member.
- 4) Other board members and staff will respond in a straightforward fashion to questions that I feel are necessary to carry out my fiscal, legal, and moral responsibilities to this

organization. Board members and staff will work in good faith with me toward achievement of our goals.

- 5) If AED does not fulfill its commitments to me, I can call on the board president and executive director to discuss my concerns and AED's responsibilities to me.

Signed:

by \_\_\_\_\_, Board Member

Date \_\_\_\_\_

and

by \_\_\_\_\_, President of the Board of Directors

Date \_\_\_\_\_

## WRITING OBITUARIES FOR THE FORUM NEWSLETTER

### Status of Document

Date of Review: October 3, 2016

Revised By: Eva Trujillo

Final Version Approved by the AED Board: August 8, 2013

Next Review: October 2019

### **Purpose**

The purpose of this policy is to outline the process for publishing obituaries in the AED Forum.

### **Policy**

The AED *Forum* shall publish obituaries for individuals who meet the following criteria:

- 1) Past lifetime achievement award winners
- 2) Past presidents
- 3) Founding members who remained active in the organization
- 4) Sitting board members
- 5) Additional leaders in the field at the board's discretion and direction

### **Procedure**

- 1) The board will notify the *Forum* Editor of the death and identify individuals who can help to write the obituary.
- 2) The AED *Forum* Editor will ask for volunteers to write an obituary of under 1750 words for the next electronic version of the Forum. The Forum editor will edit the obituary.

## CORPORATE SPONSORSHIP

### Status of Document

Date of Draft: May 1, 2017

Original Version Approved by the AED Board: TBD

Reviewed by AED Board: TBD

Date of Next Full Review: TBD

### **Background and Rationale**

The Academy for Eating Disorders (AED) recognizes that for-profit organizations (hereafter termed Corporate Sponsors) can play a role in the financial health of our organization, thereby allowing us to fulfill our mission of leadership in eating disorders research, education, treatment, and prevention. Funding provided by corporate sponsors can support our annual educational conference, provide un-restricted scholarships to students, professionals, and patients and carers, as well as support yet-to-be identified initiatives undertaken by the AED to advance global access to knowledge, research, treatment, and prevention for eating disorders. Corporate sponsors benefit through increased recognition among the AED membership. The AED is committed to forming partnerships with corporate sponsors that align with our vision, mission, and values.

### **Policy**

When appropriate, the AED will form business relationships with corporate sponsors in order to advance the mission of our organization. This policy includes sponsorship of the ICED. Charitable contributions (e.g., named scholarships that restrict the use of corporate funds) are outside the scope of this policy.

**Funding Parameters:** Only unrestricted corporate funds will be accepted, and the AED will maintain complete control of the use of such funds. The AED will not accept corporate support funds for political advocacy. No more than 35% of total annual AED revenue may come from sponsorship from a single industry. The AED will maintain a position of full disclosure of all corporate support.

**Nature of the AED-Corporate Sponsor Relationship:** Acceptance of corporate funding by the AED does not constitute endorsement of any businesses product or service. In order to reduce the likelihood that the public or our membership will construe sponsorship as endorsement, Corporate Sponsors may not use the AED logo or branding. When appropriate, the AED retains the right to contract with Corporate Sponsors to create specific and/or time-limited logos or

branding to highlight the AED-Corporate Sponsor partnership (e.g., creation of an ICED logo for use by sponsors).

**Limits on Corporate Sponsorship:** The AED will only accept corporate support from industries that align with our mission and values. To this end, examples of excluded industries are:

- Weight-loss medications or devices
- Dietary supplements sold for weight loss or muscle building
- Weight loss centers (with the exception of those that treat disordered eating behavior as a primary part of their practice)
- Companies promoting irresponsible schemes for weight loss or muscle building
- Pharmaceutical companies that have been accused of or implicated in unethical and misleading research, marketing, or continuing education practices. Examples of such accusation/implication include, but are not limited to a pending or successfully adjudicated class action lawsuit against the company or charge of illegal conduct by a government entity. There is a significant history of the use and misuse of pharmaceuticals in the treatment of eating disorders, and a significant interest among pharmaceutical companies in using treatment professionals to promote their products. As such, the AED wishes to protect its reputation as an organization committed to best practice based on empirical evidence.
- Tobacco companies or their corporate subsidiaries
- Firearms (due to the role of firearms in death by suicide)
- Any corporate entity known to engage in pseudoscientific or unethical research, development, or marketing practices.

**Process of Initiating, Reviewing, and Accepting Corporate Sponsorship:** Corporate Sponsorships are a business relationship between the AED and the for-profit organization. The following procedures will be used to evaluate both externally and internally-initiated sponsorships.

1. AED Headquarters staff will review and evaluate all potential corporate sponsorships for adherence to this policy and mission alignment. Review and evaluation should include:
  - a. Assessment of congruence between the corporation practices, policies, and products (e.g., marketing and advertising practices, and the AED policies and mission.
  - b. Assessment of the impact of the sponsorship to the eating disorders community and the public more broadly.
  - c. Assessment of the corporate sponsor's image—will it support or detract from that of the AED?



- d. Assessment of the impact and/or cost/benefit analysis of collaborating with the potential sponsor.
  - e. Evaluation of personal, financial, or professional gains for AED staff, members, or volunteers that create a conflict of interest.
- 2. The AED Executive Director will evaluate and decide on the appropriateness of potential sponsorships of less than \$10,000. For any potential sponsorship in the amount of \$10,000 or above, the, AED staff will provide a summary and recommendation to the AED Board of Directors for review and a vote.
- 3. If approved by the AED Board of Directors, AED staff will execute the business contract, including any specific agreements with regard to the use of AED logos and branding.
- 4. AED staff will provide regular updates to AED Board of Directors about accepted sponsorships.

## **CREATION OF TASK FORCES AND FOR ENLISTING EXTERNAL CONSULTANTS TO AED COMMITTEES**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

This policy outlines two areas of AED work not covered by the policy on AED committees: the creation of Task Forces, and enlisting external consultants to AED committees.

#### 1) Task Forces

- a) Task Forces are appointed by the President, in discussion with the Board.
- b) Task Forces are established to work on a single defined task or activity, determined by the President.
- c) An estimated time line for undertaking the task should be identified when the Task Force is formed.
- d) Any extension to this time frame is subject to the President's approval following submission of a progress report and in discussion with the Board.
- e) Task Force chairs and members must, except in exceptional circumstances and with agreement of the Board, be AED members, and the task reflective of the mission and goals of the AED.
- f) A chair or co-chair of the Task Force may be appointed by the President, in discussion with the Board, having identified the skills, knowledge and qualities that are mandatory or desirable for the Task Force chair. These characteristics should be discussed prior to seeking a chair.
- g) Once the Task Force is formed, the President in discussion with the Board, will decide to whose Board portfolio holder the Task Force will report.

- h) The procedure for appointing additional Task Force members is as follows:
    - i) The Task Force chairperson(s), in discussion with the Board Portfolio Holder to whom the Task Force reports, selects members for the Task Force according to the required skills and knowledge for the task.
    - ii) Task Force members are appointed for the duration of the Task Force or 5 years, whichever is the shorter.
    - iii) CVs of potential Task Force members should be submitted to Board Portfolio Holder, to present to the Board for approval.
    - iv) Task Force members should, where applicable, reflect the diversity of AED membership in terms of gender, nationality and profession.
    - v) The decision of the Board to approve Task Force members will be by majority vote.
    - vi) If the Board does not endorse the Task Force chair's recommended members, the Board Portfolio Holder to whom the task force reports will discuss this with the Task Force chair, and alternative suggestions sought. Typically, lack of endorsement will be because the candidate is not an AED member, is thought to have a conflict of interest or other bias, or because other candidates are specifically advocated by the Board.
    - vii) The Task Force chair is responsible for contacting and providing feedback to both successful and unsuccessful Task Force membership applicants.
  - i) Task Forces will provide a written progress report to the Board Portfolio Holder to whom they report on a twice yearly basis, who will subsequently provide the report to Board.
  - j) Once the task for which the Task Force was formed is complete, the Task Force will be disbanded.
- 2) Enlisting External Consultants to AED Committees
- a) Committee appointments are typically subject to the AED policy on adding new committee members.
  - b) Under exceptional circumstances, and subject to Board approval, external consultants may be appointed to aid the work of committees.
  - c) Appointment of external consultants will be for one year, renewable at the committee chair's request and subject to board approval, for a maximum of three years.

- d) External consultants may join committee conference calls, or be consulted by the committee co-chairs, at the discretion of the committee co-chairs. If they join committee calls, external consultants will be non-voting committee members.

## **AED REPRESENTATION ON EXTERNAL TASK FORCES AND COMMITTEES**

### Status of Document

Date of Draft: September 11, 2015

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### **Background**

From time to time AED may be invited to have a voice in the deliberations or investigations of other organizations. For example, in June of 2015 the Joint Commission invited AED to appoint a representative to serve on their Behavioral Health Care Professional and Technical Advisory Committee. The Professional and Technical Advisory Committee (PTACs) are an integral part of the Joint Commission's advisory structure. The PTAC representatives assist The Joint Commission in the development and refinement of Standards and Elements of Performance.

This invitation stemmed from work done from 2004 to 2013 by the AED Credentialing Task Force that worked to create the Clinical Practice Guidelines that would inform the Joint Commission relative to the in-patient treatment of eating disorders. . In 2009, this Task Force initiated dialogue with TJC to draft the Standards for Eating Disorders Treatment that came out 6 years later. Finally, after all this dialogue, The Joint Commission added several new requirements applicable to accredited behavioral health care organizations that provide care for individuals with eating disorders.

### **Policy**

- 1) When AED receives an invitation, or when someone within AED identifies an opportunity for AED to have a voice in the deliberations of an organization outside of AED, The AED will identify a representative, alternate representative and staff liaison who is willing and capable of representing AED. The recommended representative and alternate will be presented by the President to the Board, along with the request from the external organization for approval.
- 2) The representative will be asked to provide periodic reports on the relevant activities to the board.
- 3) Appointment will be for the duration of the term limits of the external organization and will meet any specific criteria specified by the external organization. .
- 4) In addition, representatives appointed by AED must not be board members, advisory committee members, elected officers, employees or paid independent contractors of competing accrediting bodies.

- 5) The staff liaison will be our Executive Director.
- 6) CVs of potential representatives should be submitted to the President, to present to the Board for approval.
- 7) The decision of the Board to approve representatives will be by majority vote. If the Board does not endorse the President's recommended members, the President will discuss this with the appropriate Chair and alternative suggestions will be proposed.
- 8) The AED representatives and AED staff liaison will provide together a written progress report to the President to whom they will report on a twice yearly basis, who will subsequently provide the report to the Board.

## **AED AWARDS**

### **Status of Document**

Date of Draft: September 11, 2015

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### **Purpose**

The purpose of this policy is to detail the procedures for nominating and selecting candidates for the following AED Awards:

- 1) The Meehan/Hartley Leadership Award for Public Service and/or Advocacy
- 2) The AED Leadership Award in Clinical, Educational or Administrative Service
- 3) The AED Leadership Award in Research
- 4) The AED Lifetime Achievement Award
- 5) Special Awards

This policy does not cover awards provided through the *International Journal of Eating Disorders*, which are handled by the Editor-in-Chief, or the Clinician or Junior Investigator/Student travel fellowships, or other AED-affiliated awards, which are handled by the Scientific and Awards Committee.

### **Policy**

- 1) The AED Nominations Committee will be responsible for the process of soliciting nominations for the AED awards, including:
  - a) developing and overseeing calls for nominations; and
  - b) Preparing a slate of nominees to present to the AED Board.
- 2) Based on nominations provided, the Board of Directors will vote on the final awards based on considerations detailed below. The Immediate Past President will notify individuals selected for awards, and awardees will be honoured during the awards ceremony at the International Conference on Eating Disorders.

### **Procedure**

- 1) Nominations are solicited by the Nominations Committee from the membership, including the Board of Directors.

- 2) An email inviting Award nominations is sent in September, with a deadline of mid-October. This timeline may be adjusted in relation to the timing of the International Conference on Eating Disorders to ensure that recipients have time to plan to attend the meeting at which they will be honoured.
- 3) Nominations will be made via a link on the website, and will request the following information
  - a) Award you are nominating for (drop down menu):
    - i. The Meehan/Hartley Leadership Award for Public Service and/or Advocacy.
    - ii. The AED Leadership Award in Clinical, Educational or Administrative Service
    - iii. The AED Leadership Award in Research
    - iv. The AED Lifetime Achievement Award
    - v. Special Award (e.g., Special Award for Distinguished Service)
  - b) Is the person you are nominating an AED member?
  - c) Basis for the nomination (up to 250 words)
  - d) A curriculum vitae of the candidate (to be uploaded)
  - e) Your Name and Institution
  - f) Confirm you are a current AED member
- 4) Nominations may be made only by AED members. All AED members are eligible to make nominations. Self-nominations will not be accepted.
- 5) After the deadline for award nominations has passed, the Immediate Past President convenes the Nominations Committee for a meeting, during which they develop recommendations to present to the Board of Directors regarding whether any special awards should be given and potential award recipients for these special awards. For each award, the Nominations Committee may provide a single recommendation or a ranked order of potential recipients. This differs from the leadership election process, in which the Nominations Committee provides an uncontested slate and for which the Nominations Committee decision is final. Nominations will be based on the following factors:
  - a) Eligibility
    - i. Except in the case of the Meehan/Hartley Leadership Award for Public Service and/or Advocacy and Special Awards, only AED members are eligible to receive AED awards.
    - ii. Members of the Nominations Committee and Members of the Board of Directors cannot be considered for AED awards during the time of their service on these bodies to avoid a conflict of interest in the nomination and selection process.
  - b) Exceptional contribution in the named area



- c) National or international impact on the field
  - d) Whether the nominee has previously received an award
  - e) Consideration of diversity with respect to geography and discipline in awards slate
  - f) Number of nominations for the award
- 6) The Board of Directors will vote on recipients of AED awards by its December meeting, based on the recommendations of the Nominations Committee and the factors listed above for selecting recipients. This vote may or may not involve full acceptance of the Nominations Committee recommendations.
- 7) Once AED award recipients have been identified, the Immediate Past President will notify these individuals and invite them to attend the AED Awards Meeting at the International Conference on Eating Disorders where they will be honoured. Award recipients will be asked to identify an individual to provide a brief (approximately 3 to 5 minute) presentation of the award during the Award Ceremony. AED Award Recipients will be presented with a plaque indicating their award.
- 8) Description of AED Leadership Awards
- a. *The Meehan/Hartley Leadership Award for Public Service and/or Advocacy.* This award honors an individual who, over a sustained period of time ( i.e., 5 years or more) has significantly advanced the field of eating disorders through her/his impact on public policy, government advocacy or service to the community. As the highest award presented by AED, the awardee – and only this awardee – is also provided with one (1) free registration to the ICED meeting during which their award is presented.
  - b. *The AED Leadership Award in Clinical, Educational or Administrative Service.* This award honors contributions made by the awardee to the clinical care of those individuals suffering with an eating disorder, other than those whom the awardee has treated directly. Such an individual would have to have demonstrated sustained leadership either through administrative (i.e., innovative new service delivery), educational, or clinical contributions to the field that positively impacted the treatment and well-being of individuals with eating disorders within the awardee’s own nation or internationally.
  - c. *The AED Leadership Award in Research.* This award honors an individual who has, over a substantial period of time (i.e., 10 years or more), used research to develop new knowledge about eating disorders that is internationally respected. The knowledge has to have had a measurable impact on the field, either by significantly furthering our understanding of the etiology of eating disorders, by changing treatment or prevention, or by fostering new lines of research.

- d. *The AED Lifetime Achievement Award.* In addition, the Board may decide periodically to recognize a senior individual in the field for her/his lifetime contributions to the Academy or to the field in general. It is not expected that this award will be given annually, but only under exceptional circumstances.
- e. *Special Awards.* The Board may decide to recognize other individuals, organizations, and/or corporations for their significant contribution to the AED or the eating disorders field at large. Special awards can be given as a onetime award (e.g. in recognition of a notable contribution such as Editorship of IJED), or can be given multiple times (e.g. a Special Award for Industry). The name of the award will be determined by the Board, based on the contributions being honored.

## **NOMINATIONS AND ANNUAL ELECTIONS**

### **Status of Document**

Date of Draft: September 11, 2015

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### **Purpose**

The purpose of this policy is to detail the procedures for annual nominations and elections for the Board and Nominations Committee. Several aspects of this process are already described in the AED bylaws, including: (1) the composition of the Nominations Committee; (2) the positions for which individuals are nominated each year (election slate); (3) procedures for nomination by petition; (4) policy on concurrent elected positions; (5) policy on notifying the membership of the slate of nominees; (6) voting procedures; and (7) policy for dealing with special circumstances such as unplanned cancellation of the annual business meeting. The procedures and timeline detailed below provide additional detail regarding the functioning of the Nominations Committee.

The AED Bylaws outline these procedures.

### **Policy**

The AED Nominations Committee will be responsible for the process of nominating members for the Board of Directors and the Nominations Committee, including: 1) developing and overseeing calls for nominations; 2) selecting qualified nominees and preparing a slate for membership vote; and 3) informing the membership of the committee's selections.

### **Procedure**

The work of the committee is divided into two stages. Unless otherwise agreed by the Nominations Committee, decisions within these stages will be determined by majority rule. The Chair of the committee (i.e., Immediate Past President) is considered a non-voting member of the Nominations Committee unless there is a split vote. In this case, the Chair may cast a deciding vote.

- 1) Defining the Field of Candidates
  - a) The chair of the Nominations Committee (Immediate Past-President of the Board) will convene the initial meeting of the Nominations Committee. This meeting will take place in person or by teleconference, once new members of the Nominations Committee have been elected at the annual AED business meeting. Typically this will be by July at latest.

At the meeting, the chair will orient the committee, review the job description for the Nominations Committee members, and give the committee its charge. The chair will review the annual elections policy and procedure, the AED strategic plan, the job descriptions of Board members and officers for which elections are due and for the Nominations Committee members, and the state-of-the-AED, advising the committee on the AED's particular needs at this point, e.g., with respect to skill sets and desired diversity of gender, professional discipline, national origin, or other factors.

- b) The committee will reach out to the membership and leadership for suggested nominees. A call for nominations will be posted in the AED Forum and/or sent to the membership by email, as well as being posted on the website and AED Online Community, specifying procedures and date by which nominations must be received. Typically this will be in early September or thereabouts, depending on the date of the ICED. Once the date is determined, it is fixed; no new nominations will be accepted from any source past this date. Prior to this date, the chair, on behalf of the committee, will contact Board members and committee chairs to solicit nominations.
- c) Those who wish to nominate an individual will be asked to submit to the central office committee liaison the name of the individual, the office for which (s)he is being nominated, and the reason(s) for nominating him/her. Candidates should be nominated for one position only. The President-Elect position is uncontested; for other positions there may be more than one candidate. Nominators will be asked to confirm nominees' willingness to serve prior to nomination. Nominations, including those made by nominating committee members, will not be accepted unless conveyed in writing (including e-mail) to the staff.
- d) The staff will compile a list of names of nominees including the number of nominations and stated reasons for nomination, but excluding names of nominators. This list will be conveyed to the committee.
- e) The chair will schedule a conference call in mid-September or shortly thereafter to review the list of nominees with the committee and select at least one candidate for each position.
- f) The staff will serve in an administrative and organizational role, assisting with adherence to policy, but not contributing to the committee's decision making.
- g) The chair, on behalf of the committee, will inform the Board of the committee's selections, including the number of nominations for those selected as candidates. The Board will be invited to comment at this point, and the chair may schedule an additional conference call with the committee to discuss the Board's comments. However, the Nominations Committee will make the final selection of candidates.

- i) The chair, on behalf of the committee, will contact those candidates selected by the Nominations Committee to confirm their willingness to serve and to ask candidates to provide a biosketch (300 word maximum) including their experience, skills, thoughts about AED's needs, and their vision about what they would contribute if selected. Only in the case that all candidates for a given position decline to serve will alternative nominees be considered, in which case an additional conference call will be scheduled. Once the list of candidates is finalized, no new candidates may be introduced.
- 2) The chair will schedule a conference call with the committee in October to review biosketches and to choose the slate. Only the previously identified candidates may be considered. However, in unusual circumstances, the position for which an individual is being considered may change. This would be decided by the Nominations Committee chair in consultation with the Nominations committee and the AED Executive.
- 3) On behalf of the committee, the chair will review the proposed slate with the Board. The Board will be invited to convey any additional concerns to the chair, and the Nominations Committee may schedule an additional conference call to consider these if they wish. However, the decision of the Nominations Committee will be final. The final slate will be presented to the Board not later than December.
- 4) The chair, on behalf of the committee, will contact those candidates who were selected and reconfirm their willingness to serve. (S)he will also contact candidates who were not selected and will express the committee's appreciation for their participation.
- 5) The general membership of AED will be informed of the slated nominations at least 60 days prior to the Annual Business meeting.
- 6) The chair will prepare a report summarizing the process, including any procedural variations or new precedents. These reports will be compiled and made available to the Nominations Committee and the Board of Directors in the form of end of year report.

## **BOARD CONSIDERATION OF ITEMS NOT COVERED ELSEWHERE IN POLICIES**

### Status of Document

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### **Purpose**

The AED has adopted policies and procedures that, in some way or other, define processes for the Board of Directors to follow in making decisions. While these policies aim to be comprehensive in scope, they do not and cannot address every potential situation for which board action may be required.

Further, increasing access to electronic communications makes it necessary to clarify under what circumstances email and other similar means may be used to facilitate Board operations without impairing its ability to carry out its essential duties of care, obedience and loyalty.

This document outlines procedures to be used by the Board in requesting action on matters whenever those are not provided for elsewhere in AED policy.

### **Scheduled Meetings**

#### **Policy**

The AED President develops the agenda for meetings of the Board and Executive Committee.

#### **Procedures**

- 1) Ten days before a scheduled meeting of either group is to convene, the Deputy Executive Director will send a Call for Agenda Items email to members of the relevant body.
- 2) Members of the Board or Executive Committee (as appropriate) will respond to the call for agenda items within 2 business days following the date the call was issued. The President will review these requests to determine the most suitable means for processing the request. This may include asking the Board member who initiated the request to provide written detail, submitting it to an AED committee or task force for consideration, tabling the item for discussion at the upcoming Board or Executive Committee meeting, recommending an expedited decision by RapiVote (see section to follow), or other means judged by the President to be suitable.

- 3) At least 3 business days before the scheduled meeting, the Deputy Executive Director will post the President-approved final agenda and relevant attachments to the AED Virtual Office, so that Board or Executive Committee members can review prior to the scheduled meeting.

4) Use of a Consent Calendar

The Consent Calendar can be used to call for a vote on decisions on routine, noncontroversial points of business requiring no detailed discussion, revision, or other consideration. A consent calendar is a component of a meeting agenda that enables the board to group routine items and resolutions under one umbrella. Issues in this consent package are governed by clear policies and are familiar enough to board members that they usually do not need discussion before a vote. The entire package is voted on at once without any additional explanations or comments, involving a process of a motion in support of approving the consent calendar, a second to this motion, and then a vote of the full Board.

Sample items that can be included in a Consent Calendar are:

- Committee and previous board meeting minutes
- Office reports
- Routine correspondence
- Minor changes in a procedure
- Routine revisions of a policy (e.g., changes in dates or dollar amounts due to changes in laws)
- Updated documents
- Confirmation of conventional actions that are required in the bylaws (Signatory authority for a bank account or acceptance of gifts)
- Committee motions that fully comply with board-approved policy and procedures for that committee.

Consent calendar items may be accompanied by attachments for review by the Board so that the Board may make informed decisions. In addition, any board member may request that an item be removed from the consent calendar if that item is deemed to be worthy of discussion. Importantly, such motions should take into consideration other agenda items for that board meeting and any time constraints on when decisions need to be made. Thus, the benefits of board discussion should clearly outweigh the costs in terms of time and potential delays.

5) Voting by E-Mail (a.k.a., Rapivotes)

a) Policy

The availability of electronic communication (e.g., e-mail) can provide important tools in facilitating board communications. However, they do not substitute for the

discussions in which the AED Board is expected to engage as it carries out the organization's business.

A RapiVote is a tool designed to facilitate operational decision-making between scheduled AED Board (and in some cases Executive Committee) meetings. The intent behind a RapiVote is to expedite *rapid* decision making—occurring between scheduled Board meetings—that involve time sensitive matters in which an electronic vote is preferable to waiting for the next regularly scheduled Board meeting or attempting to schedule an ad hoc meeting. To be acceptable within the law, electronic voting must comply with certain procedures, described in the following:

Except to the extent that the Articles of Incorporation or Bylaws of the AED require that action by the AED Board or Executive Committee be taken at a meeting, action required or permitted to be taken by the Board or Executive Committee may be taken without a meeting if each director from the group in question signs a consent describing the action to be taken and delivers it to the AED Secretary. Such action will be effective when the last director signs the consent, unless the consent specifies a different effective date. A written consent and the signing thereof may be accomplished by one or more electronic transmissions, including e-mail and AED Online Community.

RapiVotes may not be used as a discussion forum. Indeed, adherence to applicable U.S. state and federal laws makes it necessary to assure that there are appropriate provisions for members of the AED Board to interact and share opinions prior to reaching operational decisions. Therefore, discussions are best left for Board meetings, Executive meetings, special (or emergency) telephone meetings called around specific points, or separate email exchanges initiated and followed by the interested board member/sender.

b) Procedures

A call for an electronic (RapiVote) will meet the following requirements:

- i. Any needed background discussion permitting adequate interaction and sharing of opinions has already occurred, either during an actual meeting, a telephone conference, or via prior email exchanges,
- ii. The matter requires a vote of the Board or Executive Committee, and
- iii. The matter is time sensitive and cannot be better handled via a regularly scheduled meeting or ad hoc meeting.
- iv. A point upon which a vote is desired should be presented in a brief statement (no more than 2-3 lines) with a clear-cut choice of action as follows:
  - (a) request to Approve/Disapprove/Abstain (or Yay/ Nay/Abstain);
  - (b) simple selection from a slate of choices (e.g., vote for items 1, 2, 3 or 4); or



(c) ranking of choices (e.g., rank order your preferred speakers).

OR, in each case, an alternative option is FURTHER DISCUSSION REQUIRED.

- v. When a point matches the characteristics described above, procedures surrounding Rapivotes are as follows:
  - (a) The director wishing to submit a call for a Rapivote submits a request for such a vote to the AED Secretary, who will
    - 1. forward the request to the President for consideration as a Rapivote,
    - 2. If deemed to be suitable as a Rapivote, the request proceeds.
    - 3. If deemed not suitable as a Rapivote, the Secretary will notify the director submitting the request that the item will not be submitted as a Rapivote, but will instead be slated for the next (or an upcoming) board meeting.
  - (b) The Secretary will forward the Rapivote to the Deputy Executive Director.
  - (c) The Deputy Executive Director will distribute the request for a Rapivote via email to the Board or Executive Committee, with a request for response on all Rapivote items by the end of one week along with a request for consent for the process. In order for the vote to be valid, 100% of the Board or Executive Committee MUST provide consent to the Rapivote process. This consent may take the form of
    - 1. Providing the requested vote (yes/no/abstain/requires further discussion, etc.), or
    - 2. Explicitly stating consent for the process with or without a vote.
  - d) In the event a director does not provide written consent, the Rapivote will be declared null by the AED Secretary.

## **TRANSLATION BOARD**

### Status of Document

Date of Draft: July 15, 2016

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### **Purpose**

The primary objective of the Translation Board is to facilitate the translation of AED materials from English into other languages. Materials include, but are not limited to, membership brochures, ICED promotional materials, press releases, Website content, and relevant documents such as the Medical Care Guide and the Nine Truths of Eating Disorders. The Translation Board will serve as resource to the AED leadership and any AED committee that develops content and identifies a need for translations.

### **Policy**

#### **1) Composition and Appointments**

- a) A database will be created including contact details of AED members who agree to translate AED materials from English into another language. The aim is to continuously grow this database over time by increasing the number of languages and the number of translators per language so that the work load per translator does not get too big. The duration of involvement in the Translation Board is not limited.
- b) The following steps will be undertaken to establish the database:
  - i) AED members who have translated AED materials in the past will be asked if they are willing to join the Translation Board and help with translations in the future.
  - ii) AED volunteers (i.e. committee members and committee chairs) with a native language other than English are invited to join the Translation Board. Following the initial formation of the Translation Board in 2016, invitations will be sent to new committee members on an annual basis (at the same time when new committee members are appointed).
  - iii) The individuals above (i & ii) are encouraged to nominate additional AED members for their respective languages who will then receive an invitation to join the Translation Board.

## **Procedure**

- 1) Whenever AED leadership or committees identify a need for translation into one or several languages, AED staff will approach translators listed in the database. In each case the following will be noted
  - a) date of request,
  - b) if the translator agreed or declined to do the translation,
  - c) which material will be translated, and
  - d) a deadline by which the translation should be completed.
- 2) If the database includes multiple translators per language, staff will make sure to approach translators on an alternating basis in order to limit the workload per translator.
- 3) Whenever translators are approached they are reminded of the procedure that they should follow in the specific case. There are basically two scenarios:
  - a) Translation
    - i) Translator A translates a document from English into their native language.
  - b) Back-translation:
    - i) Translator B provides a back-translation into English. In the third step, translators A and B review inconsistencies and agree on the final version which is then submitted to AED staff.
  - c) There may be materials and circumstances when a less formal procedure is sufficient and only one translator is approached to do a translation from English into their respective language (without back-translation). Whether or not this is the case should be determined by the body (leadership or committee) that requests the translation.
- 4) Any translated AED materials will include an acknowledgement with the names of the translators.

## **ADDING NEW COMMITTEE MEMBERS**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

- 1) New committee members will be reviewed and appointed by the president prior to the ICED. Thus all new committee members start and complete their terms at the same time of year.
- 2) The secretary, in liaison with staff, is responsible for updating committee lists, and circulating updated committee lists immediately after the ICED and again in the New Year.
- 3) Following the New Year circulation, committee members whose terms are due to expire in a given year should be made aware of this by their Committee Chairs, and committee chairs are reminded by their Board Portfolio Holders no less than three months before the ICED. Thus identification of vacancies should occur in a proactive way based on committee member term limits and/or due to situational variables.
- 4) The Board Portfolio Holder, committee chair(s) and committee members will identify the skills, knowledge and qualities that are mandatory or desirable for new committee members, reflective of the mission and goals of the AED and the particular committee. These characteristics, in addition to what may be required contemporaneously in terms of additional/specialized knowledge, skill, etc., should be discussed prior to seeking applicants.
- 5) Committee vacancies will be advertised annually in such a way as to maximize equal opportunities for all AED members to apply. Identified methods for communicating vacancies include:
  - a) Via the AED Newsletter Editor for inclusion in the next quarterly newsletter,
  - b) Via the web manager for inclusion in the advertisement section of the AED website.
  - c) Via the AED Online Community.
- 6) Calls for applicants for committee member posts should include how to access information about the relevant committee (the Terms of Reference), the knowledge and skills required, particular mandatory or desirable characteristics (e.g., student status, discipline) and the procedure for application. Applicants should submit a brief CV or bio sketch. A clear deadline for receipt of candidate application materials will be specified in all communications with AED membership.
- 7) New committee members will normally be identified from within the AED membership and should remain members of AED to serve their appointment. Occasionally the Board may approve appointment of a non-member to a committee position, because of their particular

skills, knowledge or qualities, subject to their joining AED. The procedure for appointment of a committee member is as follows:

- a) The committee chairperson(s), along with the Board Portfolio Holder and committee members, will review potential candidate applications at the next committee meeting after the deadline date for application submissions. Materials from each of the candidates will have been distributed for committee membership review before the joint call. Whenever possible this should occur before the outgoing person leaves the committee, so there can be continuity in the transition and the incoming member can receive mentorship from the outgoing member as needed.
  - b) In the event of a very large number of applications, a shortlist of up to 10 candidates will be compiled by the committee chair(s), in consultation with the Board Portfolio Holder and committee as needed.
  - c) The committee leadership and members will vote on which individual(s) best represent the preferred basic and specialized knowledge/skills for the position. A majority vote will decide the best candidate(s). In the event of a split vote, portfolio leadership may take chairperson's action.
  - d) The committee chairs, in liaison with the Board Portfolio Holder, are responsible for submitting the nominee's CV or bio sketch to staff so it can be brought to the president for review. However, a CV or bio sketch is needed only for applicants who are new to a leadership role in the AED. A CV is not needed for anyone who has served as a committee chair or board member in the past. The president may choose to seek feedback from the Board.
  - e) If the president, in discussion with the Board, does not endorse the committee's recommended candidate, the president will offer feedback and request re-examination of the selected candidates, which the Board Portfolio Holder will discuss with the committee chair.
  - f) If the president approves the selection, the president will appoint the committee member(s).
- 8) If the president approves the selected candidate(s), the Board Portfolio Holder will communicate this to the committee chair, and the committee chair(s) will announce this on the next joint phone call and contact the approved candidate.
  - 9) The committee chair(s) are responsible for contacting and providing feedback to unsuccessful applicants, thanking them for applying and encouraging future AED involvement.
  - 10) If a committee member needs to leave a committee, for whatever reason, at a different time of year from when the ICED is held, a new member may be appointed to that role, following the procedure above. This new member's term will end at the ICED, as for other committee members. The date of their term end will be agreed with the Board Portfolio Holder based on the date they start. For example, if a new committee member is appointed in September, their term will normally be less than 3 years, but if they are appointed in February they may agree to serve slightly more than 3 years.

## COMMITTEE TERM DURATION LIMITS AND DURATION

### Status of Document

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The purpose of this policy is to outline the duration of terms for Committee Chairs and Committee Member positions.

### **Policy**

The duration of AED Committee positions will generally be three years. However, terms of service will vary somewhat according to the type of AED position, with the nature and responsibilities of some positions requiring longer terms (see below).

### **Procedure**

#### ***Committee Chairs***

##### *Annual Conference Planning Committees*

- 1) The term limit for Conference Planning Co-Chairs is six years. The first two years of the term are Co-Chair Elect training years. The second two years are active terms. In the final two years of the term, the Co-Chairs serve as consultant members on the Conference Planning Committee.
- 2) There will be two active Co-Chairs per Conference Planning Committee. There will also always be two Co-Chair Elects who will be serving their training terms.
- 3) Conference Planning Committee Co-Chairs rotate off of the committee in the same year.

##### *Teaching Day Committees*

- 1) The term limit for Teaching Day Committee Chairs is four years. The first two years of the term are Co-Chair Elect training years while the remaining two years are active terms.
- 2) There will be one Chair for the Teaching Day Committee. There will also always be one Chair Elect who will be serving his/her training term.

##### *Journal Advisory Board Committee (i.e., International Journal of Eating Disorders Associate Editors)*

- 1) The term limit for Journal Advisory Board Committee members is five years.

- 2) The term of office for the Chair of the Journal Advisory Committee is three years.

#### *Other Committees*

- 1) The term limit for all of the other AED Committee Co-Chairs is three years. The first year of the term is a training year. The remaining two years are active terms.
- 2) There will be at least one active Chair per Committee, although many Committees will have two active Co-Chairs. In addition, in the final year of an active Co-Chair's position, there will always be at least one Co-Chair who will be in his/her training year.
- 3) Committee Co-Chairs will rotate off of Committees in alternate years.

NOTE: Committee Chair and Co-Chair positions are non-renewable. The Board of Directors may choose to override this under exceptional circumstances.

#### *Newsletter Editor:*

- 1) The term limit for the Newsletter Editor is three years. The first year of the term is a training year. The remaining two years are active terms.
- 2) There is only one Newsletter Editor. However, in the final year of the Editor's term, a Newsletter Editor Elect will complete a training year in preparation for the active Editor position.

#### *Committee Members:*

- 1) With the exception of Conference Planning, Teaching Day, and the Journal Advisory Committee, the term limit for Committee Members is three years. A committee member may rise, during or after his/her term of office, to a committee Chair or Co-Chair position. If this occurs, the incumbent can then serve a single term in office as Chair or Co-Chair (see term limits for committee chairs and co-chairs shown above).
- 2) The term limit for Conference Planning and Teaching Day Committee members is two years.
- 3) Committee member positions are non-renewable. The Board of Directors may choose to override this under exceptional circumstances.
- 4) Whenever possible, there will be diversity in all AED Chair, Editorial, and Committee Member positions in terms of race, gender, discipline, years in the profession, and geographic residence.
- 5) Separate policies and procedures may be developed to address other issues related to term limits, such as the maximum number of successive terms and the maximum number of positions that can be held by any single AED member, and if they are will be included here.

## **BUDGETING PROCESS**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

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### **Purpose**

The purpose of this policy is to delineate the Academy for Eating Disorders process for determining an annual budget.

### **Policy**

The Academy for Eating Disorders shall develop a budget annually.

### **Procedure**

- 1) Budget planning is conducted by the Treasurer and AED headquarters. Budgets are assigned to committees based on the strategic priorities for the budget year. Board Portfolio Holders will check with their committee chairs whether any expenses are to be expected for the year. If this is not the case, committees stay with their budget of the previous year. Also, the President in collaboration with the President-elect will develop a request for the president's expenses line of the budget.
- 2) Board Portfolio Holders and President will provide the information to AED headquarters by September 30.
- 3) The Treasurer and the AED headquarters shall prepare a draft budget to be reviewed by the Finance Committee and then submitted for review to the Board of Directors.
- 4) The Board shall review the draft budget making recommendations to the Treasurer at its Fall meeting at the latest.
- 5) The Treasurer and AED headquarters shall prepare a final budget proposal by end of September for consideration and approval at the Mid-year Board meeting.
- 6) The Finance Committee shall review and comment on the proposed budget, which is then submitted for a Board vote at the Mid-year Board meeting.
- 7) Once the budget has received Board approval, each Board Portfolio Holder shall receive a copy of their committee budget(s) for the coming fiscal year, and will share it with their committee chairs.



## **AED BOARD TRAVEL REIMBURSEMENT**

### **Status of Document**

Date of Draft: September 11, 2015

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### **Policy**

The purpose of this policy is to outline the procedures for Board member reimbursement for travel costs incurred for in-person AED Board meetings. When other funds are available, Board members are expected to use other sources to cover their travel and/or lodging expenses. This expectation forms the premise for holding the in-person AED Board meetings at the annual International Conference on Eating Disorders and the Eating Disorders Research society meeting.

### **Procedure**

Board members can submit receipts for travel and lodging reimbursement for travel costs incurred for in-person AED board meetings.

Board reimbursement will be provided only for in-person meetings attended and include one hotel room night per meeting and travel costs according to the following limits:

- 1) When an in-person Board meeting occurs on the same continent than that on which the Board member resides, the Board member will be reimbursed up to \$500.00 US.
- 2) When an in-person Board meeting occurs on a different continent than that on which the Board member resides, the Board member will be reimbursed up to \$1,000.00 US.

Incoming board members invited to attend the annual board meeting immediately prior to their official board membership will be provided the same benefits as active board members for attending that meeting as a non-voting member.

## **REQUESTING FUNDS FOR UNBUDGETED ITEMS**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

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Date of Next Full Review: June 2019

### **Purpose**

The purpose of this policy and procedure is to delineate the process for requesting unbudgeted items for Academy business.

### **Policy**

The Board may approve requests for unbudgeted items for the Academy after the annual budget has been approved. On urgent matters, the Executive Committee may act on behalf of the Board. Routine matters should be handled accordingly during the budget development process. Moreover, a unique opportunity or unusual situation may present itself and the following outlines the procedures to be followed.

### **Procedure**

Internal Requests:

- 1) Academy committees may request non-budgeted funds by making a written request for funding including the amount requested and an accounting for the purpose of the request to the appropriate Board Portfolio Holder.
- 2) The Board Portfolio Holder reviews the request and determines whether it will be forwarded to the Treasurer. Requests may be returned to the committee for justification or editing prior to the Treasurer's approval.
- 3) The Treasurer reviews the request and places it on the agenda for the next Executive Committee call/meeting so that a recommendation may be made to the Board.
- 4) The Board shall have final approval of all financial requests.
- 5) Small budgetary requests (amounts less than \$500) can be authorized by the President and Treasurer.
- 6) Budgetary requests above \$500 need BOD approval.
- 7) The Executive Committee may approve expenses of up to \$2000 if urgent action is required and deemed necessary. The Board shall then vote on this action at the next Board meeting.

#### External Requests:

- 1) Any requests for non-budgeted funds from outside the Academy will be sent to AED Headquarters to the attention of the Executive Director.
- 2) The Executive Director will forward the request to the President and the Treasurer who will screen for appropriateness to the Academy's mission.
- 3) The President and Treasurer will place appropriate requests on the agenda for the Next Executive Committee call/meeting.
- 4) The Executive Committee shall make a recommendation to the full Board at its next meeting (time permitting) since the Board shall have final approval of all financial requests.

## **INVESTMENT POLICY**

### **Status of Document**

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Date of Next Full Review: June 2019

### **Preamble**

This statement of policy has been adopted by the Academy for Eating Disorder to provide guidelines for the investment of funds held by the association.

For the purposes of managing investment risk and to optimize investment returns within acceptable risk parameters, the funds held will be divided into four separate investment pools. The process for determining the dollar amount in each pool is set forth in the Procedures section of this document.

### **Procedures**

- 1) The following procedures will be followed to ensure the investment policy statement is consistent with the current mission of AED and accurately reflects the current financial condition:
  - a) This investment policy shall be reviewed every three years by the Treasurer and the Finance Committee and presented to the Board for further review and any necessary revisions.
  - b) Recommendations for any revisions or modifications will be made by the Treasurer and the Finance Committee and submitted to the Secretary for review and then the Board of Directors and President for approval.
- 2) The following procedures will be used to determine the dollar amounts to be placed in Board Designated, Permanently Restricted, and Temporarily Restricted Funds.
  - a) Board Designated funds will be determined by a majority vote of the board to fund a specific initiative within the budget (for example, funds set aside for a website upgrade).
  - b) Permanently Restricted funds are endowments where the principal donation amount cannot ever be used, and only the accrued interest can be used and only then for the specified purpose.

- c) Temporarily Restricted funds will be identified as such either by donors (for example, when an individual donates funds for a specific purpose such as the scholarship fund) or by the board (for example, when the board solicits donations for a specific purpose).
- 3) It is anticipated that from time to time the services of a registered investment adviser may be sought to manage portions of the AED funds. The following procedure shall be followed to engage a new or replace a current registered investment adviser or to engage a new one. The same procedure shall apply for both individually managed accounts and mutual funds (with the exception of money market mutual funds).
- a) The Executive Director and staff accountant will recommend the hiring or replacement of an outside investment adviser to the Treasurer and the Finance Committee.
  - b) The Treasurer and the Finance Committee will review the candidate(s) and make a recommendation to the Board, who shall have final approval.
  - c) The registered investment adviser will periodically review the asset allocation and adjust to conform to policy.
- 4) The AED headquarters, including the Executive Director, staff Accountant(s) and investment advisor, is managed and located within the United States. The AED is a non-profit organization whose financial administration and organization is subjected to US regulations. Further, AED accounts and reserves are held in US dollars. As such, a US-based internal or external registered investment adviser will be consulted as set forth in the Procedures section of this document.

## **SHORT TERM INVESTMENT FUNDS**

### **Purpose**

The purpose of the Short Term Investment Fund is to provide sufficient cash to the financial obligations of the AED in a timely manner.

### **Investment Objectives**

The investment objectives of the Short Term Investment Fund are:

- 1) Preservation of capital;
- 2) Liquidity; and
- 3) To optimize the investment return within the constraints of the policy.

### **Investment Guidelines**

#### **Allowable Investments**

The Finance Committee will work with the financial advisor to make recommendations to the Board. The Board then will review the recommendations and approve, modify or deny them. Below are guidelines for allowable investments with AED Short Term Funds:

- 1) Interest bearing checking accounts in federally insured banks and savings and loans not to exceed federally insured amounts;
- 2) Money Market Funds;
- 3) Federally-Insured Certificates of Deposit not to exceed \$100,000 per institution including interest at commercial banks or savings and loans institutions;
- 4) Direct Obligations of the U.S. Government, its Agencies and instrumentalities; and
- 5) Repurchase agreements in conjunction with bank sweep accounts and collateralized by U.S. Government obligations.
- 6) Collective pools meeting these criteria may also be used.

**Maturity**

The maturities on investments for the short-term investments shall be limited to an average of six (6) months or less.

**Reporting**

The Accountant shall prepare the following reports for presentation on a monthly basis to the Executive Director.

- 1) Schedule of investments;
- 2) Interest income year to date; and
- 3) Current yield.

The Executive Director will provide the Finance Committee and Board with these monthly reports for their review and comment and will forward to the board any concerns expressed by the Finance or Executive Committee.

**LONG TERM INVESTMENT FUNDS:****Purpose**

The purpose of the Long Term Investment Fund is to meet the expenses occurring as the result of unanticipated activities; improve the return of funds held for expenditure over the next one to five years, and to manage investment risk.

**Investment Objectives**

The investment objectives of the Long Term Investment Fund are:

- 1) Maximize returns with reasonable and prudent levels of risk.
- 2) Consistent investment return primarily from income with minimal principal fluctuation.
- 3) Liquidity; and
- 4) To optimize the investment return within the constraints of the policy.

**Investment Guidelines**

In general, AED has a preference for investing in socially responsive funds when available. The following investments and investment activities are prohibited:

- 1) Private placements;
- 2) Letter stock;
- 3) Derivatives. However, to the extent that mutual funds are used by AED the mutual funds may buy or sell derivatives for the purpose of managing portfolio risk;
- 4) Securities whose issuers have filed a petition for bankruptcy;
- 5) Commodities or commodity contracts;
- 6) Short sales;
- 7) Margin transactions;
- 8) Equity or debt offerings from companies whose earnings are primarily derived from tobacco related activities; and diet, weight control, and beauty industry;
- 9) Any speculative investment activities.
- 10) Any investment that would directly benefit any Board or Finance Committee member or their family.

### **Diversification**

Individual stocks are subject to a maximum 5% commitment at cost or 7% commitment of the account's market value for an individual security and 15% for a particular industry.

Individual bonds not guaranteed by the U.S. Government, its agencies, or instrumentalities are subject to a maximum 5% commitment at cost.

### **Target Asset Mix**

The long-term component of the portfolio shall be comprised of the asset classes listed in the table below. The target weight is the desired weight for each asset class. The minimum weights and maximum weights are to allow for normal market fluctuations. It shall be the responsibility of the financial advisor to remain within the range specified for each asset class. The financial advisor should re-balance the portfolio according to the target weights annually.

<b>Asset Class</b>	<b>Minimum Weight</b>	<b>Target Weight</b>	<b>Maximum Weight</b>
<b>Equity</b>			
U.S. Large Capitalization Stocks	5%	15%	30%
U.S. Small Capitalization Stocks	0%	2%	5%
International Stocks	0%	3%	5%
TOTAL EQUITY		20%	
<b>Fixed Income</b>			
U.S. Government/Corporate	50%	70%	80%

Intermediate Bonds			
International Bonds	0%	5%	10%
High Yield Corporate Bonds	0%	5%	10%
TOTAL FIXED INCOME		80%	

### **Equities**

The equity asset classes should be maintained at risk levels roughly equivalent to the sectors of the market represented, with the objective of exceeding a nationally recognized index measuring the performance of the designated sector over a three-year moving time period net of fees and commissions. Mutual funds conforming to the policy guideline must be used to implement the investment program.

The following definitions shall apply for the purposes of this policy:

**U.S. Large Capitalization Stocks:** A portfolio of stocks comprised primarily of U.S. based companies with the average of the stocks held having a market value exceeding \$6.0 billion and primary shares of which are traded on a major U.S. exchange.

**U.S. Mid-Capitalization Stocks:** A portfolio of stocks comprised primarily of U.S. based companies with the average of the stocks held having a market value between \$500 million and \$6.0 billion.

**U.S. Small Capitalization Stocks:** A portfolio of stocks comprised primarily of U.S. based companies with the average of the stocks held having a market value less than \$500 million.

**International Stocks:** Stocks comprised primarily of non-U.S. based companies, the primary shares of which are traded on exchanges outside the U.S.

### **Fixed Income**

Investments in fixed income securities will be managed actively to pursue opportunities presented by changes in interest rates, credit ratings, and maturity premiums. Mutual funds conforming to the policy guidelines may be used to implement the investment program. The following definitions shall apply for the purposes of this policy:

**U.S. Government/Corporate Intermediate Bonds:** A portfolio comprised primarily of fixed income securities denominated in U.S. dollars issued by the U.S. Government or U.S. corporations rated investment grade or better and



	having a weighted average maturity of approximately 10 years.
High Yield Corporate Bonds:	A portfolio comprised primarily of bonds issued by U.S. corporations and the majority of the bonds are rated below BBB/Baa.
International Bonds:	A portfolio comprised primarily of fixed income securities denominated in currencies other than U.S. dollars. Issuers may be both governments and corporations.

### **Performance Reporting**

The Long-term Investment Fund will be evaluated quarterly on a total return basis. Returns will be compared to:

- The consumer price index plus 4%;
- The ninety-day Treasury bill index plus 4%;
- Nationally recognized indices measuring the performance of the classes specified in the target asset mix.

Comparisons will show results for the latest quarter, year to date and since inception. The report will be prepared by the consultant on a quarterly basis and will be presented to the Executive Director and the Treasurer will provide the Finance Committee with these reports quarterly for their review and comment.

### **Determination of Risk Tolerance**

The Treasurer and members of the Finance Committee will consult the Financial Advisor from the investment company to establish the risk tolerance of the AED. The Treasurer and the Finance Committee will make recommendations to the Board and President, who shall have final approval on the risk tolerance acceptable to the AED.

## **AED CORPORATE CREDIT CARD**

### **Status of Document**

Date of Draft: December 13, 2016

Approved by the AED Board:

Reviewed by AED Board:

Date of Next Full Review: June 2019

### **Purpose**

The purpose of this policy is to communicate eligibility, usage and payment of expenditure requirements for the corporate credit card.

AED will issue a corporate credit card to eligible employees for job-related expenses. Being a AED cardholder is a special privilege reserved for the Executive Director and Deputy Executive Director, unless otherwise directed by the Board of Directors.

### **Policy**

The Treasurer is responsible for authorizing the use of corporate credit cards and assigning the credit limit, if applicable.

1. Employees shall use their corporate credit cards to charge business-related expenses. Expenses must be for approved budget items only. Any items not budgeted must be authorized by the Treasurer.
2. Personal purchases of any type are strictly prohibited.
3. Per AED policy, no alcoholic beverages may be purchased with the corporate credit card unless approved by the Treasurer or Executive Director for special events.
4. Employees may NOT take cash advances on credit cards.
5. The employee is responsible for all charges made to the card. The employee will be held liable for any unauthorized items appearing on the credit card statement.
6. Cardholders are required to sign the "cardholder agreement" indicating they accept these terms. Individuals who do not adhere to these policies and procedures risk revocation of their credit card privileges and/or disciplinary action.

### **Procedures**

1. Upon receiving a corporate credit card, the employee should call the 800 number on the front of the card to activate it and sign the back of the card from an AED telephone.
2. Before any purchase is made, the employee should verify that the funds are available in his or her budget to cover the expense.
3. The employee must obtain a receipt for the purchase and include a brief description of the business purpose and the budget account code on the receipt. In the case of meals, each receipt should include the names of all persons involved in the purchase, in accordance with Internal Revenue Service regulations.

4. The receipt is to be submitted to the Bookkeeper in a timely manner after use or upon return from road trip, attached to an executed and approved expense report form.
5. Upon receipt of the credit card statement, the Bookkeeper will match the receipts to the individual items and assign the appropriate accounting code. The statement along with a summary will be submitted to the Executive Director for approval, and a copy will be included in the bi-weekly report to the Treasurer (and where appropriate the President).
6. Any items that do not have a receipt will be the personal responsibility of the cardholder (unless the expense in an authorized monthly deduction supported by an invoice, and pre-approved).
7. The employee must notify the Executive Director and the Finance Department immediately in the event a card is lost or stolen.
8. The corporate credit card is the property of AED, Inc. An employee leaving the employment of AED must surrender the credit card to the Finance Department who will then notify the issuing authority to cancel the employee's account.
9. Employees issued a corporate card will sign a written statement as follows:

I, \_\_\_\_\_, hereby acknowledge receipt of the American Express Credit Card / XXXX-XXXX - XXXX - \_\_\_\_ I understand that improper use of this card may result in disciplinary action as well as personal liability for any improper purchases. As a cardholder, I agree to comply with the terms and conditions of this agreement and the Credit Card Policies and Procedures for AED. I acknowledge receipt of the Credit Card Policies and Procedures and confirm that I understand the terms and conditions. As a holder of this credit card, I agree to accept the responsibility and accountability for the protection and proper use of the card. I will return the card to the Finance Department upon demand during the period of my employment. I understand that the card is not to be used for personal purchases and that I must provide a receipt for every purchase except for authorized monthly charges supported by an invoice. If the card is used for personal purchases or for purchases for any other entity or if I fail to provide a receipt substantiating a legitimate business expense by the end of the current month, AED will be entitled to reimbursement from me of such purchases (through deduction of my DMG paycheck). AED shall be entitled to pursue legal action, if required, to recover the cost of such purchases, together with costs of collection and reasonable attorney fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Cardholder)

Signature \_\_\_\_\_ Date \_\_\_\_\_ (Treasurer)

Accounting Department use only: Date \_\_\_\_\_

## **ANNUAL MEETING GUIDELINES**

### **Status of Document**

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## ANNUAL MEETING PREPARATION GUIDELINES

**Note on Terms Used:** Throughout this document Annual Meeting, International Conference on Eating Disorders, ICED, and Academy Meeting are used interchangeably and all refer to the Academy for Eating Disorders Annual International Conference on Eating Disorders.

### 1) Venue Selection

#### a) Policy:

- i. In order to facilitate access to the conference for all members, the annual meeting will circulate among cities worldwide. The preferred city in which the annual meeting will take place will be decided five years in advance of each meeting. AED will make an effort to periodically hold the annual meeting outside of North America, in line with its goal of serving a global membership. If the preferred city cannot be secured, then a replacement city must be identified as soon as possible. The selection of cities, venues, and meeting dates will be made by the Board in collaboration with AED Headquarters. In selecting the venues and dates, the meeting will occur in late May/early June annually. Attention will be paid to potential conflicts with other eating disorder and related conferences and with major holidays (e.g., Easter, Passover, Mother's or Father's Day).

#### b) Procedures:

##### i. Location Selection:

- a. The AED Headquarters' conference director will investigate potential locations for the conference and produce a short list of cities that would meet the AED's needs in terms of geographic location, availability of adequate hotels/conference centers for hosting the conference, convenience of an international airport, and cost.
- b. The short list will be presented to the Annual Meeting Board Portfolio Holder for review. The Annual Meeting Board Portfolio Holder and Headquarters' conference director will rank order cities from most to least desirable based on above criteria.
- c. The Annual Meeting Board Portfolio Holder will present the rank ordered short list to the Full Board for review and approval.

##### ii. Venue Selection

- a. The AED Headquarters' conference director will investigate possible venues within the chosen cities and will present a short list of venues to the Annual Meeting Board Portfolio Holder for review.
- b. Upon approval from the Board Member, the short list of venues will be presented to the Full Board for review and approval.
- c. The Annual Meeting Board Portfolio Holder will work with AED Headquarters' conference director to select the dates of the meeting, held annually in late May/early June based on venue availability, cost, and potential conflicts with other conferences.

##### iii. Changes to Selected Locations, Venues, or Dates

- a. All changes to approved locations, venues, or dates must be reviewed and approved by the Full Board.

## 2) Program Committee Membership

### a) Policy

- i. The Program Committee will be responsible for determining the scientific content of the conference including: choice of conference theme, keynote speakers, plenary speakers, and paper, poster and workshop selection. The program committee will not be responsible for fundraising or securing sponsorship. In addition, the program committee will not be responsible for the content of the Clinical Teaching Day, which falls under a separate board portfolio. However, coordination of these responsibilities will occur via board communication among relevant portfolio holders.

### b) Procedure

#### i. Selection of Co-Chairs

The Program Committee Co-Chairs will be selected 4 years prior to the year of the conference. Co-Chairs are nominated by the Portfolio Holder for Annual Meetings and require full Board approval. Ideally, at least one Co-Chair will be from outside of North America, in line with AED's goal of serving a global membership. In addition to the duties outlined above under Policy, the Program Co-Chairs will act as liaisons with other AED committees that contribute to the annual meeting to ensure proper integration of the activities (i.e., Teaching Day, Meet the Experts, SIG Discussion Panels, etc.) into the final program.

#### ii. Program Committee Composition

Members of the Program Committee will be selected 2 years prior to the conference. Members are nominated by the Program Committee Co-Chairs in consultation with the Annual Meeting Board Portfolio Holder and require full board approval. In addition to the Co-Chairs and the Annual Meeting Board Portfolio Holder, the Program Committee will comprise: the Past Annual Meeting Co-Chairs from the two years prior; Co-Chairs Elect for the meeting to be held two years after the current meeting; one of the SIG Oversight Committee Co-Chairs; a representative of the Patient-Carer Committee; a member of the Research-Practice Committee; 5 Members-At-Large; and a representative from AED Headquarters.

## 3) Abstract Review Committee

### a) Policy

- i. The Abstract Review Committee will comprise members from several of the education and training conference committees (see Procedure below). The Co-Chairs of the Abstract Review Committee will rotate each year and will be the Co-Chairs of the International Conference on Eating Disorders (ICED) Program Committee whose meeting is being held that year. The goals of the Abstract Review Committee will be to (i) review, rank, and select scientific abstracts submitted for

oral and poster presentation at the ICED, and (ii) review, rank, and select workshops submitted for presentation at the ICED meeting, according to criteria set by the AED.

b) Procedure

- i. The composition of the Abstract Review Committee will consist of members from the following committees: the immediate past Program Committee, the current Program Committee, the upcoming Program Committee, Chair of the Teaching Day Program, Chairs of the SIG Oversight Committee, and the Annual Meeting Board Portfolio Holder. The current ICED Co-Chairs will be the Co-Chairs of this committee who will be responsible for coordinating and making all abstract and workshop recommendations to the Program Committee. The term limit for the members of the Abstract Review Committee will be determined by the member's term on their respective committee.
- ii. See *Section 4. d)* for additional information on procedures for selecting workshop, scientific paper, and scientific poster abstracts for inclusion in the program.

4) Selection of Keynote and Plenary Speakers for the International Conference on Eating Disorders

a) Policy:

- i. Keynote and Plenary speakers will be nominated by the Program Committee. The proposed speakers will be presented to the Board by the Annual Meeting board portfolio holder. The Board will review nominations and vote on its approval. E-mail invitations will be sent by program committee members who volunteer to serve as plenary co-chairs. Formal invitation letters will be sent to the speakers by the AED Headquarters after plenary co-chairs have sent preliminary invitation letters and secured acceptances from invited speakers.

b) Procedure

- i. Nominations
  - (1) Keynote and Plenary speakers are nominated by the Conference Program Committee.
  - (2) Whenever possible, nominated plenary speakers should not themselves be on the Conference Program Committee and should not be Board members unless the topic requires a specific speaker or an appropriate candidate is not available outside of the Committee or the Board of Directors.
  - (3) Recommendations for qualities to consider in selecting speakers include the following (each speaker will not necessarily possess each quality but the rather the overall slate of speakers will embody as many of these qualities as possible):
    - (a) The speakers are leaders in their field.
    - (b) The speakers are known to be excellent speakers/communicators/teachers.
    - (c) The speakers are capable of providing clinically relevant, state-of-the-art presentations to an academic audience.

- (d) The speakers are able to conceptually and practically link research and practice.
- (e) The speakers are able to present data in a form that is understandable by an audience with varied kinds and levels of expertise.
- (f) The speakers are able to provide a message for everyone in the audience.
- (g) The speakers are able to bring a new perspective or new ideas to members of the AED.
- (h) With regard to plenary speakers, the proposed plenary speaker slate should have diverse representation, as evidenced by:
  - (i) Plenary speakers who represent, whenever possible, the breadth, wealth of knowledge and experience of AED members from around the globe.
  - (j) Whenever possible, nominated plenary speakers should not themselves be on the Conference Program Committee or Board members unless the topic requires a specific speaker or an appropriate candidate is not available outside of the committee or Board of Directors.
  - (k) To the extent possible, plenary sessions should be balanced for diversity in speaker professional training, nationality, gender, race/ethnicity, and cultural or sociodemographic groups underrepresented in the field of eating disorders.
  - (l) Plenary speakers should not speak at consecutive AED conferences, and recency of participation in a plenary should be considered prior to nominating a speaker.
  - (m) If possible, each plenary session will include at least one speaker who has not previously participated in the AED meeting as a plenary speaker.
- ii. The Conference Program Committee will send the proposed slate to the Annual Meeting Board portfolio holder. The Annual Meeting board portfolio holder will present the proposed slate to the Board for review and approval. The Board may request revisions to topics and/or speakers, and the portfolio holder will provide that feedback to the Program Committee and assist them in revising the proposal.
- iii. Speaker Invitations
  - (1) Upon approval from the Board, preliminary letters of invitation will be sent via e-mail by the Conference Program Co-Chairs, members of the Program Committee (e.g., the Co-Chairs for the plenary in question), or, in special circumstances, by an AED member who knows a proposed speaker from outside the field.
  - (2) Formal letters of invitation will be sent to the keynote and plenary speakers by the AED Headquarters after plenary co-chairs have sent preliminary invitation letters and secured acceptances from invited speakers.
  - (3) If there are ethical concerns about speakers, conference faculty, etc., the committee should refer to the Member Standards of Conduct policy and make the situation known to the Board.



## 5) Remuneration for Speakers at Academy Meetings

### a) General Considerations

- i. Recommendations about speakers must be approved by the Board and policy exceptions may be approved by a majority of the Board.

### b) Keynote Speakers:

- i. There is typically just one Keynote speaker at Academy meetings, and there will be no more than two Keynote speakers at any given meeting.
- ii. Keynote speakers will be provided the following benefits:
  - (1) Coach seat round trip airfare to and from conference city arranged through the Academy travel agent.
  - (2) Honorarium of \$1,000 for 45 minutes to 1 hour presentation.
  - (3) Free conference registration (if they choose to attend).
  - (4) Up to 3 nights hotel.
- iii. Keynote speakers may be prominent individuals from outside our field who have a standard lecture fee. Information on this may be sought informally prior to considering speakers for nomination. The Board may consider exceptions on a case-by-case basis.

### c) Plenary Panels

- i. There will be no more than four plenary panels.
- ii. Plenary speakers and discussants for the annual meeting coming from within the field of eating disorders will receive an honorarium of:
  - (1) Free conference registration and \$500 if the plenary speaker comes from the same country as the meeting location; or
  - (2) Free conference registration and \$750 if the plenary speaker comes from the same continent (e.g., North America, Europe) but not the same country; or
  - (3) Free conference registration and \$1,000 if the plenary speaker is traveling between continents without crossing the Atlantic, Indian, or Pacific Oceans; or
  - (4) Free conference registration and \$1,500 if the plenary speaker is traveling between continents and crossing the Atlantic or Indian Ocean; or
  - (5) Free conference registration and \$2,000 if the plenary speaker is traveling between continents and crossing the Pacific Ocean.
- iii. Historically, approximately 2 to 4 plenary speakers have come from outside the field of eating disorders. Plenary speakers coming from outside of the field will receive an honorarium of:
  - (1) Free conference registration and funds to fully cover the cost of travel (roundtrip coach airfare and ground travel), meals, and 3 nights hotel stay.
  - (2) Under extenuating circumstances, the Annual Meeting Portfolio Holder will approach the Board for exceptions. Individuals who introduce speakers will not be considered plenary speakers.

d) Workshop Presenters

- i. There will be a call for presenters to the Academy membership and international mailing list for each conference.
- ii. There is no compensation for workshop presenters.
- iii. Presenters are required to register for the meeting.

e) Paper/Poster Presenters

- i. There will be a call for paper and/or poster presentations to the Academy membership and the international mailing list for each conference.
- ii. There is no compensation for paper/poster presenters.
- iii. Presenters are required to register for the meeting.
- iv. Clinical Teaching Day arrangement and reimbursement do not fall within the ICED Scientific Program Committee's responsibilities.

6) Exhibitors:

- i. Exhibitors will be solicited for the Annual Meeting.
- ii. Exhibitors will be provided a skirted table, curtained backdrop (if available at the venue) and two chairs. If electricity is required, it will be at an additional expense (to be determined by hotel expenses).
- iii. Exhibitors will be required to pay a booth fee unless they have entered into an agreement with AED for mutual benefit.
- iv. Exhibitors must pay conference registration fees if they plan to attend the conference.

7) Program Committee Benefits

- i. Program Committee Co-Chairs receive the following benefits: free registration for the conference, honorarium of \$500, and hotel costs for nights of the conference only.
- ii. There is no compensation for Conference Program Committee members.

8) Continuing Education (CE)/Continuing Medical Education (CME)

- i. **The Academy partners with a number of continuing medical education/continuing education credit providers each year to ensure that CME/CE credits are available to as many members as possible. Accreditations generally provided include, but are not limited to: Association of State Social Work Boards (ASWB), The American Psychological Association (APA), the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), the National Board for Certified Counselors (NBCC), The Commission on Dietetic Registration (CDR) and the**

**European Accreditation Council for Continuing Medical Education of the  
European Union of Medical Specialists (EACCME).**

- ii. **The AED Staff is responsible for identifying CME/CE credit providers and obtaining approval for contracting with those companies from the Board of Directors. The AED Staff is also responsible for completing the application forms as much as they are able before sending them to the co-chairs for completion of unanswered questions and signature. Once the application forms have been completed and signed, and all of the other required documentation has been collected by AED Staff, the application process begins and is closely monitored by Staff. If at all possible, approval for CME/CE credits for the current Annual Meeting should be complete before the Preliminary Program is printed and distributed. In some cases, however, this will not be possible. However, all CME/CE credit approvals and documentation must be completed 60 days prior to the conference.**

9) Abstract Review Instructions

a) General Guidelines

- i. Each workshop, paper, or poster abstract will be reviewed by three reviewers unless only two are available due to conflict of interest. Reviewers will be assigned to review either posters and papers, or workshops (but not both).
- ii. Before evaluating submissions, reviewers are asked to do the following:
- iii. Scan proposals for conflicts of interest. If a reviewer has been assigned an abstract for which he/she (a) is directly involved; (b) currently works with or supervises one of the presenters; or (c) has any other concerns about conflict of interest, the reviewer will be asked to skip the abstract and not provide a rating.
- iv. Because there is a natural inclination for the criteria to change as reviewers move through the abstracts, all assigned abstracts should be scanned before beginning scoring to ascertain the big picture and avoid variability in scoring.
- v. Submitters were informed that abstracts should represent original work. This does not preclude the use of data that has been previously submitted, however, some aspect of the abstract and presentation should be unique. If a reviewer recalls that the exact presentation was previously presented at another meeting, he or she should document this observation in the comments field of the abstract review form.

- vi. For workshops, in cases where multiple submissions by the same first author are rated within the acceptance range, the abstract with the highest score will be selected for a workshop presentation. Individuals may be selected to give more than one type of presentation (i.e., a workshop and a paper and a poster) and can be selected to give more than one paper or poster presentation.
- vii. Please note: A box on the abstract submission form will be included to signify SIG-sponsored workshops, papers, or posters. SIG sponsorship should not form part of the selection criteria for the presentations, but SIG sponsorship will be indicated in the final program.

b) Workshop, Scientific Paper, and Scientific Poster Abstract Review Criteria

- i. Assessment: The following criteria will be used to assess all abstracts
  - (1) Scientific, clinical, or intellectual quality of the information to be presented
    - (a) 1 = poor quality\*
    - (b) 2 = marginal quality\*
    - (c) 3 = moderate quality
    - (d) 4 = high quality
    - (e) 5 = very high quality
  - (2) Importance and relevance of the topic to the multidisciplinary field of eating disorders
    - (a) 1 = not important or relevant to the field \*
    - (b) 2 = of minor importance\*
    - (c) 3 = moderately important
    - (d) 4 = important
    - (e) 5 = very important to the field
- ii. Recommendation
  - (1) Recommendation based on appraisal of the value of the presentation to the meeting, including the quality, expertise, and diversity of presenters, and the consistency of the proposal with the meeting theme as well as proposal content:
    - (a) 1 = recommend rejection\*
    - (b) 2 = could be accepted if space available\*
    - (c) 3 = recommend acceptance
    - (d) 4 = enthusiastically recommend acceptance
    - (e) 5 = very enthusiastically recommend acceptance

\*Briefly describe concerns about the proposal in the comment section.

c) Procedures for selecting Workshops, Scientific Papers, and Scientific Posters for inclusion.

- i. Each Scientific Program Committee Co-Chair will take primary responsibility for either Workshop selection or Scientific Paper/Poster selection.
- ii. The Co-Chair responsible for Workshop selection will schedule a teleconference with members of the workshop abstract review committee to discuss workshop scores

- which will be summarized in a spreadsheet by AED headquarters. This teleconference will be used to determine the minimum threshold for quality of presentations. For workshops that are tied at the threshold for selection, the committee will discuss the following factors: 1) Workshop level to provide a variety of basic, intermediate, and advanced workshops; 2) Workshop content to provide a variety of topics including workshops focused on skill development for researchers and clinicians across a range of specialties (e.g., physicians, psychologists, nutritionists; and 3) International diversity. The Co-Chair responsible for Workshop selection will assign workshops to workshop sessions and work with presenters to resolve schedule conflicts.
- iii. The Co-Chair responsible for Scientific Paper and Poster selection will review information summarized in a spreadsheet by AED headquarters to determine the threshold for quality of presentations. Only the best abstracts will be selected for oral scientific paper presentations although some consideration will be given to ensure that as many different authors' work can be presented as possible rather than selecting multiple excellent abstracts from the same presenter. Abstracts not selected for oral presentation can be considered for inclusion in scientific poster presentations as space allows. The Co-Chair responsible for Scientific Paper selection will determine paper session topics and assign papers to sessions including working with paper presenters to resolve schedule conflicts.
- d) Procedures for selecting speakers for the Research-Practice Think Tank:  
Each year, the Committee for Research Practice Integration holds a Research-Practice Think Tank to conclude the Annual Meeting. Although the Committee for Research Practice Integration selects the speakers, they must submit their proposed slate to the Scientific Program Planning Committee for approval (to ensure relevance to conference theme and lack of overlap with plenary speakers) prior to submitting to full Board review.
- e) Special Interest Groups (SIG)
- i. Integrating SIG activities into core conference programming is a directive of the AED strategic plan. Several strategies have been implemented over the past few years to promote optimal integration of special interest groups into the conference. These include:
  - ii. Having a SIG co-chair on the planning committee.
  - iii. Allowing for more SIG discussion panels at the conference.
  - iv. Noting SIG-sponsored events in the conference program.
  - v. Noting SIG-sponsored conference submissions for the workshop and paper/poster reviewers.
  - vi. Providing space for a SIG information booth at the conference.

## SAMPLE PROGRAM

**Note:** Depending upon venue and space availability and other considerations, the Meeting Planner, Administrative Director or the Program Committee Chairs may choose to delete specific events from the program or to adopt alternative formats for particular activities.

Wednesday	Thursday	Friday	Saturday
8:00 a.m. – 7:00 p.m. Registration	8:00 a.m. – 5:00 p.m. Registration	8:00 a.m. – 5:00 p.m. Registration	8:00 a.m. – 9:00 a.m. Registration
8:00 a.m. – 5:00 p.m. AED Board of Directors meeting.	10:00 a.m. – 7:30 p.m. Poster Viewing/Exhibits Open	10:00 a.m. – 6:00 p.m. Poster Viewing/Exhibits Open	9:00 a.m. – 4:00 p.m. Poster Viewing/Exhibits Open
8:00 a.m. – 1:00 p.m. AED/EDRS Research Training Day (invitation only)	8:00 a.m. – 9:00 a.m. Special Interest Groups Chairs Organizational meeting	7:30 a.m. – 8:30 a.m. Continental Breakfast	8:00 a.m. – 9:00 a.m. Special Interest Groups Chairs meeting
2:00 p.m. – 7:00 p.m. Clinical Teaching Day (separate registration required)	9:00 a.m. – 9:30 a.m. Welcome and Conference Goals; President's Remarks	7:30 a.m. – 8:30 p.m. Current, New and Prospective Member Breakfast	10:00 a.m. – 10:15 a.m. AED President's Remarks
	9:30 a.m. – 10:30 a.m. <b>Keynote Speaker</b>	7:30 a.m. – 8:30 a.m. <b>Meet the Experts</b>	10:15 a.m. – 12:15 p.m. <b>Plenary Session III</b>
	10:30 a.m. – 11:00 a.m. Refreshment Break	8:30 a.m. – 10:30 a.m. <b>Plenary Session II</b>	12:15 p.m. – 2:00 p.m. AED Business meeting and Award Luncheon
	11:00 a.m. – 12:30 a.m. <b>Workshop Session</b>	10:30 a.m. – 11:00 a.m. Refreshment Break	2:00 p.m. – 3:30 p.m. <b>Workshop Session III</b>
	12:30 a.m. – 2:00 p.m. SIG meetings and Lunch on your own	11:00 a.m. – 12:30 p.m. <b>Oral Scientific Paper Session I</b>	3:30 p.m. – 4:00 p.m. Refreshment Break
	2:00 p.m. – 4:00 p.m. <b>Plenary Session I</b>	12:30 a.m. – 2:30 p.m. SIG meetings and Lunch on your own	4:00 p.m. – 6:00 p.m. <b>Plenary Session IV</b>
	4:00 p.m. – 4:30 p.m. Refreshment Break	2:30 p.m. – 4:00 p.m. <b>Oral Scientific Paper Session II</b>	6:00 p.m. – 7:00 p.m. Research-Practice Think Tank
	4:30 p.m. – 6:00 p.m. <b>Workshop Session II</b>	4:00 p.m. – 4:30 p.m. Refreshment Break	
	6:00 p.m. – 7:30 p.m. Poster Session I/ Opening Reception	4:30 p.m. – 6:00 p.m. SIG Discussion Panels	
		4:30 p.m. – 6:00 p.m. Poster Session II	7:30 p.m. – 11:00 p.m. Social Event

## MEETING ACTIVITIES AND RESPONSIBLE PARTIES

ACTIVITY	RESPONSIBLE	Comments
1 Keynote Speaker (1½ hour)	Program Committee	
4 Plenary Session of 2 hours each	Program Committee	
3 Workshop Sessions of 90 minutes each	Program Co-Chair in collaboration with Abstract Committee	Number of workshops will depend on number of breakout rooms available in the venue
2 Oral Scientific Paper Sessions of 1½ hours	Program Co-Chair in collaboration with Abstract Committee	Number of papers will depend on number of breakout rooms available in the venue
2-3 Poster Sessions	Program Co-Chair in collaboration with Abstract Committee	Number of posters will depend on the size of the room available in the venue
SIG Discussion Panels	SIG Committee in collaboration with Program Committee	Number of panels will depend on the space available in the venue
SIG Chairs meeting	SIG Oversight Committee	
SIG Meetings	Program Committee in liaison with SIG Oversight Committee	
Member Breakfast	Membership Committee	
social Event	AED staff, Program Committee and Local Organizing Committee	
Research-Practice Think Tank Session	Research-Practice Committee	
Opening Reception	AED staff	
Meet the Experts	Fellowship Committee	

**Note:** It is expected that activities may change over time and new concepts will be introduced by future program committees. The Annual Meeting Guidelines will be revised (as outlined below in the meeting timetable) to incorporate any new activity that is introduced and judged to be successful and worth repeating.

## MEETING TIME TABLE

Task	Responsible	Date
Select and contact program committee participants	Co-Chairs of the Program Committee Annual Meeting board portfolio holder	21-24 months before the conference
Establish a timeline for conference calls	Program Committee	
Hold first conference call	Program Committee	18 months before/ January year before conference
Brainstorm conference theme and keynote address speakers	Program Committee	18 months before
Brainstorm plenary sessions and speakers		18 months before
Finalize conference theme and confirm Keynote Address speaker(s)	Program Committee	>12 months before
Identify plenary speakers outside field for board approval	Program Committee	>12 months before
Finalize plenary slates with speakers	Program Committee	10-12 months before/June year before conference
Collect the following information from plenary speakers: <ul style="list-style-type: none"> <li>Title of talk</li> <li>Abstract</li> <li>Speaker names and contact information (if they are not AED members). Contact information includes speaker's professional title, institution, department, address, city, state, country, phone, fax, e-mail.</li> </ul>	Program Committee and AED Headquarters	9 months before
Abstract submission site opens	AED Headquarters	9 months before; note: this should not occur during August
Advertise conference and abstract submission in other organizations and conferences (e.g., EDRS)	Program Committee and AED Headquarters	9 months before
Announce call for abstract submissions.	AED Headquarters	9 months before
Abstract submission site closes	AED Headquarters	8 months before; note: this should not end during August
Prepare CME and CE applications	AED	6-8 months before
Confirm Meet the Experts topics and Fellows who will participate in session; send written invitations to Fellows.	Fellowship Committee and AED Headquarters	6-7 months before
SIG Meetings Confirm details and times for SIG group meetings.	SIG Committee Chairs	6-7 months before



Task	Responsible	Date
<p>SIG discussion panel organizers send headquarters the following information for preliminary program:</p> <ul style="list-style-type: none"> <li>• Panel title</li> <li>• Co-sponsoring SIG</li> <li>• Moderator</li> <li>• Panel description</li> <li>• Panelist names and contact information (if they are not AED members). Contact information includes panelist's professional title, institution, department, city, state and country.</li> </ul> <p>Program Committee reviews and approves panels and speakers.</p>	SIG Committee Chairs and Program Committee	6-7 months before
Conduct teleconferences between plenary speakers and each Program Committee member chairing each plenary session; discuss content of all talks in the session and their integration, etc.	Program Committee, Plenary Chairs	3 months before
AED Headquarters sends Clinician Scholarship Program applications to the Clinician Scholarship Committee for review.	AED Headquarters and Clinician Scholarship Committee	Two weeks after site closes; Exact dates to be determined
AED Headquarters sends workshop proposals to reviewers.	AED Headquarters	Two weeks after site closes; Exact dates TBD
AED Headquarters sends paper/poster abstract submissions to reviewers.	AED Headquarters	Two weeks after site closes; Exact dates TBD
Workshop reviews due via online review system.	Workshop reviewers	Within the month after site closes Exact dates TBD
AED Headquarters sends Program Co-chairs score results for workshops.	AED Headquarters	Within the month after site closes Exact dates TBD
Workshop reviewers and Conference Co-Chair meet via conference call to select workshops.	Program Co-Chair and workshop review committee	Within the month after site closes Exact dates TBD
Abstracts for oral paper and poster sessions are selected using cut-off scores. Selection is reviewed by co-chairs who then make final selection for oral paper and poster sessions.	AED Headquarters and Program Committee Co-Chairs	Within the month after site closes Exact dates TBD
E-mail preliminary program and post on website	AED Headquarters	4-6 months before
E-mail workshop acceptance/rejection letters signed by co-chairs	AED Headquarters	6 months before
Distribution of workshops by theme or topic, across the 3 sessions and selection of core-skill workshops.	Conference Co-Chair	6 months before
E-mail poster/paper abstract acceptance/rejection letters signed by co-chairs.	AED Headquarters	6 months before

Task	Responsible	Date
Group paper presentations into sessions by themes.	Conference Co-Chair	Immediately after papers accepted for presentation 6 months before
Invite chairs for paper sessions. Program co-chairs invite potential chairs by e-mail.	Program Co-Chairs	4-6 months before
Select food and beverages for breaks, meals, opening reception	AED Headquarters	3-6 months before
Plan social event	AED Headquarters	3-6 months before
Final Program preparation and editing.	AED Headquarters and Conference Co-Chairs	1-1.5 months before
Monitor number of registrants; consider additional advertising initiatives, if needed	AED Headquarters and Annual Meeting Portfolio Holder	3 months - week of conference
Conference evaluations compiled and distributed to Conference Co-Chairs, Co-Chairs Elect, and Annual Meeting Board Portfolio Holder	AED Headquarters	1 month after the conference
Conference evaluations are reviewed and a brief summary prepared with recommendations for future references.	AED Headquarters, Annual Meeting Board Portfolio Holder, Conference Co-Chairs and Conference Co-Chairs-Elect	2-3 months after the conference
Summary will be submitted to the board and where pertinent, full board approval will be obtained for proposed changes. Annual meeting guidelines will be revised in accordance to proposed changes.	Annual Meeting Board Portfolio Holder	3-6 months after the conference

# CLINICAL TEACHING, RESEARCH TRAINING DAY AND WEBINAR COMMITTEE

## Status of Document

Date of Draft: September 11, 2015

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## **Purpose**

The Academy for Eating Disorders (AED) is committed to providing professional education and training opportunities. To this end, the AED has established a Research Practice Integration Portfolio on the AED Board that will oversee the Clinical Teaching, Research Training Day and Webinar Committee (CTRTDWC). This committee has two main responsibilities. Firstly it is the responsibility of the CTRTDWC to propose and bring to fruition the annual Clinical Teaching and Research Training Day (CRTD) slate, which takes place the day before the annual International Conference on Eating Disorders (ICED). Secondly the CTRTDWC is responsible for the oversight and development of the annual program of AED webinars.

## **Policy**

The CTRTDWC is entirely accountable to the Board. It consists of four members, reflecting the international brief of the AED. Members should have an interest in the development and dissemination of clinical knowledge and skills.

## **Procedures**

### **1) Clinical and Research Training Day**

- a) The CTRTDWC shall meet 9 to 12 months ahead of the upcoming ICED.
- b) Suggestions for the CRTD slate should be developed for presentation to the Board, in order to gain approval prior to being put into action
- c) The CRTD slate shall consist of 5 clinical teaching day topics and one research training day topic
- d) It is recommended that each research training day topic shall include a suggested speaker and alternative speakers in case the suggested speaker is unable or unwilling to participate in the annual CRTD
- e) In development of the CRTD slate the committee should be mindful of providing educational opportunities to meet the diverse interests and education needs of the AED membership by providing education across the spectrum of:
  - i. eating disorder diagnoses
  - ii. age groups affected by eating disorders
  - iii. different treatment modalities

- f) The CRTD slate should accommodate the differing levels of experience and expertise of the AED membership by providing education at introductory, intermediate and advanced levels
- g) The CRTD slate should provide education for all professions represented in the AED membership
- h) The Research Training Day in particular should aim to meet the needs of early career researchers and clinician researchers
- i) Local issues (e.g., language, local interests) and local needs should be considered when developing the CRTD
- j) Once approved by the board the CTRTDWC shall be responsible for contacting the suggested presenters to confirm their availability to participate in the CRTD
- k) CRTD presenters will be offered up to two complimentary registrations to the ICED and a total of \$500.00 (US) to be divided amongst all presenters
- l) The CTRTDWC will continue to liaise with CRTD presenters to ensure necessary paper-work is provided to allow for the preparation of the ICED program and promotion of the CRTD
- m) Registrations for the CRTD are monitored to ensure that all they are viable (discussed with the Board)
- n) Feedback from the annual CRTD is reviewed by the committee and considered in the preparation of subsequent training days

## **2) Webinars**

- a) The CTRTDWC meets regularly by telephone conference to develop, and monitor a yearly webinar program
- b) Suggestions for the webinar series should be developed for presentation to the Board, in order to gain approval prior to being put into action
- c) The webinar program shall consist of 10 topics for presentation over a 12 month period
- a) It is recommended that each webinar topics include a suggested speaker and alternative speakers in case the suggested speaker is unable or unwilling to participate in the webinar
- b) The CTRTDWC will liaise with their management organization support to allow the facilitation and promotion of the webinar series
- c) All webinars will be recorded and made available to AED members through password protected access
- d) In development of the webinar series the committee should be mindful of providing educational opportunities to meet the diverse interests, education needs and geographic locations of the AED membership by providing education across the spectrum of:
  - i. eating disorder diagnoses
  - ii. age groups affected by eating disorders
  - iii. different treatment modalities
  - iv. presentation of webinars to accommodate different world time zones

- e) The webinar series should accommodate the differing levels of experience and expertise of the AED membership by providing education at introductory, intermediate and advanced levels
- f) The webinar series should provide educational for all professions represented in the AED membership
- g) Once approved by the board the CTRTDWC shall be responsible for contacting the suggested presenters to confirm their availability to participate in the webinar series
- h) Webinar series presenters will be offered a total of \$200.00 (US) to be divided amongst all presenters
- i) The CTRTDWC will continue to liaise with webinar series presenters to ensure necessary paper-work is provided to allow promotion of the webinar
- j) Feedback from the annual webinar series is reviewed by the committee and considered in the preparation of subsequent training days

## **MEDICAL CARE STANDARDS COMMITTEE**

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Date of Next Full Review: June 2019

### **Purpose**

The Academy for Eating Disorders (AED) is committed to elevating the standard of care for eating disorders in all communities with a focus on early recognition and timely intervention. To this end, the AED has established a Research Practice Integration Portfolio on the AED Board that oversees the Medical Care Standards Committee (MCSC). The key responsibilities of the MCSC are to develop, update, promote and distribute the Medical Care Standards Guide (*Critical Points for Early Recognition and Medical Risk Management in the Care of with Eating Disorders*).

### **Policy**

The MCSC is entirely accountable to the Board. It consists of up to 10 AED members, reflecting the international reach of the AED. Members should have an interest and expertise in the development and/or dissemination of guidelines for the medical management of eating disorders.

### **Procedure**

- 1) The MCSC shall meet on a monthly basis
- 2) The MCSC will be responsible for the development of evidence-based guidelines for the identification and management of eating disorders, focusing on both the acute and chronic medical management, known as the Medical Care Standards Guide (*Critical Points for Early Recognition and Medical Risk Management in the Care of with Eating Disorders*).
- 3) The MCSC will consider, in the preparation of the Medical Care Standards Guide, that it should be written in a manner that provides up-to-date information for health professionals experienced in the management of eating disorders but also is readily accessible to health care practitioners without expertise in the management of eating disorders, non-health care professionals who may come in contact with individuals with eating disorders, and carers and consumers.

- 4) The MCSC will consider the international nature of the AED in the development of the Medical Care Standards Guide.
- 5) The MCSC will develop print, electronic and internet resources to assist with the dissemination and distribution of the Medical Care Standards Guide.
- 6) The MCSC will be responsible for the promotion of the Medical Care Standards Guide to:
  - a) Members of the AED
  - b) Professional organizations involved in the provision of health care
  - c) Carer and consumer organizations
  - d) Health practitioners
  - e) Carers and consumers
- 7) The MCSC will utilize the expertise and structures within the AED to assist with the promotion of the Medical Care Standards Guide.
- 8) The MCSC will consider the international nature of the AED in the promotion of the Medical Care Standards Guide.
- 9) The MCSC will review the guidelines on a three yearly basis or when significant new information becomes available to ensure the guidelines remain up to date.

## **RESEARCH PRACTICE COMMITTEE**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

The Academy for Eating Disorders (AED) is committed to elevating the standard of care for eating disorders in all communities with a focus on the integration of research and clinical practice. To this end, the AED has established a Research Practice Integration Portfolio on the AED Board that oversees the Research Practice Committee (RPC). The key responsibilities of the RPC are to promote the integration of research and clinical practice and to facilitate dialogue among researchers, clinicians, carers and consumers in the eating disorder field to optimize outcomes for consumers, carers and health professionals caring for eating disorders. One of the key activities of the RPC is the development and presentation of the Research Practice Think Tank, which takes place at the annual International Conference for Eating Disorders (ICED).

### **Policy**

The RPC, like all AED Committees, is entirely accountable to the Board. . The committee should be, wherever possible, diverse in gender, field or profession (i.e., psychology, psychiatry, etc.), and stage of career. Members should have an interest and expertise in either research, clinical practice, and or the integration of research and clinical practice.

### **Procedure**

- 1) The RPC shall meet on a monthly basis.
- 2) The RPC shall develop ideas for the Research Practice Think Tank 9 to 12 months ahead of the upcoming ICED.
- 3) The RPC shall submit a proposal to the ICED program committee that must gain approval prior to being put into action.
- 4) If the Think Tank is to include speakers, it is recommended that the Think Tank proposal shall include a suggested speaker and alternative speakers in case the suggested speaker is unable or unwilling to participate in the Think Tank.



- 5) The RPC will consider the differing levels of experience and expertise of AED members in both research and clinical care in the development of the Research Practice Think Tank.
- 6) The RPC will consider the different professional backgrounds of AED members in the development of the Research Practice Think Tank.
- 7) The RPC will consider the international nature of the AED in the development of the Research Practice Think Tank.
- 8) Local issues (e.g., language, local interests) and local needs should be considered when developing the Research Practice Think Tank.
- 9) Once approved by the ICED program committee, the RPC shall be responsible for contacting the suggested speakers to confirm their availability to participate in the Research Practice Think Tank.
- 10) Up to two presenters from outside of the eating disorders field may be offered free conference registration for participation in the Research Practice Think Tank.
- 11) Feedback from the annual Research Practice Think Tank is reviewed by the committee and considered in the preparation of subsequent Think Tanks.
- 12) The RPC shall consider other opportunities both within the ICED and throughout the year for the development of strategies and events to promote the integration of research and clinical practice and to facilitate dialogue among researchers, clinicians, carers and consumers in the eating disorder field.

## IJED CE PROGRAM

### Status of Document

Date of Draft: December 1, 2016

Original Version Approved by the AED Board: December 15, 2016

Reviewed by AED Board: December 2016

Date of Next Full Review: June 2019

### **Purpose**

To define the procedure the identification, preparation and dissemination of Continuing Education credits for articles from the *International Journal on Eating Disorders*.

### **Procedure**

1. IJED Editor identifies articles appropriate for CE and forwards them to the appropriate HQ staff member and the Research Practice Portfolio Holder (RP) via email.
2. The RP Portfolio holder (or whomever s/he appoints to the task) contacts the corresponding authors of the articles requesting their assistance with gathering the required materials (example email and materials attached as appendix) within 14 days of the request. These materials are:
  - a. Author CV
  - b. Ten (10) question quiz with an equal number of True/False and multiple choice (4-5 options) question. These should cover all portions of the paper (e.g., intro, method, results, and discussion) rather than being exclusive to one or two parts.
  - c. Description of the course (this is a resource for writing descriptions: <https://elearningindustry.com/7-tips-develop-attention-grabbing-elearning-course-descriptions>)
  - d. Three (3) learning objectives for the course
3. After all of the required materials for all articles are gathered, the person assigned to correspond with the authors will send the material to the appropriate HQ staff member in one batch.
4. HQ staff will forward the materials to the CE/CME companies for review and CE/CME credit award determination.
5. If the CE/CME vendor requires additional information or materials, HQ staff will communicate this need to the person assigned to correspond with the authors of the IJED article, who will then communicate with the authors to obtain the information, and return it to HQ staff within 5 days.
6. Once all of the additional information has been received by the CE/CME companies and HQ staff receives notice of approval, HQ staff will provide the RP Committee with the opportunity to review the online process and submit changes before the site goes live.

7. Once the RP Committee has approved the online material, HQ staff will notify the AED Membership that it is available.
8. HQ staff will ensure that the availability of online CE/CMEs is regularly promoted through all communication channels.

Notes:

**Timeline:** Authors have historically done well with returning materials when given a two-week deadline. Some need a reminder email at the two-week mark. Longer deadlines have not historically led to higher return rates. The CE company seems to need about two weeks from receiving good materials to getting the courses available. Thus, in total, one month from start to finish is about as fast as this can go.

**Materials:** Authors typically create good quizzes and are in the best position to do so; some modifications to their questions or answer choices may be necessary to improve readability before submitting to prevent the materials being sent back for corrections. You may wish to write the descriptions and learning objectives yourself based on the abstracts to reduce the workload on the authors, increase compliance with these requests, and maximize uniformity across the courses.

## APPENDIX

Hi Dr. Garber,

As you may be aware, the *International Journal of Eating Disorders* is the official publication of the AED. As part of the AED's partnership with the publisher, Wiley, the IJED Editor-in-Chief and its Associate Editors have selected your article, "TITLE", which was recently published in *the Journal* to be made freely available to the public, which will increase the visibility of your work. They did this because they would like to offer continuing education credits to IJED readers who read your article. In order to do this, we need your help developing quiz questions. Ideally, there should be 10 questions: half of which are true/false, with the other half being multiple choice with up to 5 response options (e.g., a, b, c, d, or e). The content of the questions should be distributed from throughout your article (e.g., intro, method, results, discussion). Because your article is already available online, we'd like to make the quiz available as soon as possible. Please let me know if you can send me the quiz by DATE.

As the CE program is managed within my portfolio as the Director for Research Practice Integration for the Academy for Eating Disorders, I am tasked with coordinating these quizzes. Please let me know if you have any questions or are unable to participate at this time. Thanks so much for your assistance!

Sincerely,

XXXXX

**Garber et al.**

**Course Description:**

This course involves reading “A systematic review of approaches to refeeding patients with anorexia nervosa (AN),” an article published in the *International Journal of Eating Disorders*, and selected for its continuing educational value by the editorial board. The article reviews the literature on refeeding protocols and the evidence supporting them. The supporting evidence is contrasted with current standards of care, and areas requiring further research are discussed. Following reading this article, you will complete a quiz assessing your knowledge of the main points covered in the article.

**Learning Objectives:** Upon completion of this course, participants will be able to...

1. Describe the rationale for refeeding in anorexia nervosa, including the current standard of care in the US, Europe, and the UK.
2. Critique the evidence for the current standard of care and the risks/benefits of refeeding starting with higher calories than currently recommended.
3. Explain the areas in need of future research, including nutrient composition, cognitive recovery, and refeeding with the severely malnourished.

**IJED-15-0196.R1 "A Systematic Review of Approaches to Refeeding Patients with Anorexia Nervosa (AN)"**

**Continuing Education Quiz – Correct answers bolded**

1. Which of the following describes lower calorie refeeding in hospitalized patients with anorexia nervosa?
  - a. Starts with 1200 calories or less per day and advances slowly
  - b. Recommended for more than a decade
  - c. Standard of care in the US, Europe and UK
  - d. Linked to the “underfeeding syndrome”
  - e. **All of the above**
2. The initial goal of refeeding in hospital is to restore medical stability
  - a. **True**
  - b. False
3. This systematic review included studies comparing malnourished patients to healthy controls

- a. True
  - b. **False**
4. More than half of the articles assessed for eligibility did not describe a refeeding protocol or did not include medical or cognitive outcomes of refeeding.
- a. **True**
  - b. False
5. In general, what best describes the type of studies included in this final systematic review?
- a. Randomized controlled trials
  - b. **Retrospective and/or observational**
  - c. Free of selection bias
  - d. Weakened by differential loss to follow-up
  - e. All of the above
6. In studies, what is refeeding hypophosphatemia most strongly associated with?
- a. Starting caloric level
  - b. Rate of caloric increase
  - c. Duration of illness
  - d. **Degree of malnutrition**
7. Total Parenteral Nutrition (TPN) is not recommended for refeeding in AN
- a. **True**
  - b. False
8. Studies using higher calorie refeeding using meals only as compared to those using a combined approach with nasogastric tube feeding and oral intake have reported equally good weight gain
- a. **True**
  - b. False
9. In studies comparing higher and lower calorie refeeding, which of the following was associated with higher calorie refeeding?
- a. Increased risk of refeeding syndrome
  - b. Earlier relapse
  - c. **Shorter stay in hospital**
  - d. Higher incidence of hypophosphatemia
10. What aspects of approaches to refeeding require more research?
- a. Cognitive recovery

- b. Optimal nutrient composition
- c. Safety
- d. Severely malnourished patients (adults < 15 mg/m<sup>2</sup> or adolescents < 70 % of median body mass index)
- e. **All of the above**

## **LEASING OF AED MAILING LIST**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

To define the procedure for leasing the Academy for Eating Disorders (AED) mailing list to other entities.

### **Policy**

The Academy for Eating Disorders mailing list may be leased for one-time use only. The membership and mailing list of the AED are copyrighted and are rented with the exclusive permission of the AED. The leasee will not reproduce in any form or reuse this list in any way. The leasee acknowledges that reproduction or reuse of the list in any form is a violation of the agreement for one-time use and may constitute a copyright infringement. By signing the agreement and submitting payment and sample material to be mailed, the leasee agrees to abide by the terms of the rental agreement.

### **Procedure**

- 1) The Academy for Eating Disorders may choose to lease its mailing list upon request.
- 2) All proposals for leasing the mailing list will be forwarded to the AED's headquarters.
- 3) The potential leasee must provide a copy of all material intended to be sent to AED members and the proposal to lease the mailing list for review by AED headquarters.
- 4) The AED will lease a partial or complete set of mailing labels for the promotion of a conference or workshop, a book, or a treatment center. Other requests will be forwarded to the Membership Committee for their review and consideration.
- 5) Requests that meet these criteria will be granted.
- 6) If a request does not clearly meet the above criteria, the Membership Committee may defer consideration to the Membership Board Portfolio Holder, who will, in turn, refer the matter to the Board.

- 7) The Board shall set pricing for lease of both partial and complete mailing lists on an annual basis.
- 8) A copy of the mailing list is provided to the leasee for one-time rental use in exchange for payment.



## MEMBERSHIP CATEGORIES

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

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Date of Next Full Review: June 2019

### **1) CATEGORIES OF MEMBERSHIP**

AED'S membership categories are defined in the bylaws of the association. They can be changed, but require membership approval. The process for submission of applications for membership is outlined in the policy and procedures of the Academy.

The Academy has the following categories of membership:

- Regular
- Student
- Lifetime & Emeritus
- Post-baccalaureate
- Patient Carer
- New professional
- Friends of AED

#### **a) Regular Member**

A regular member may be (a) any person with an advanced degree meeting the degree requirements as established in the policy and procedures, who has training and experience in the field of eating and related disorders; (b) an individual, professional or lay person, who is interested in the field of eating disorders and must be able to demonstrate interest in eating disorders by providing evidence for public or professional activities related to eating disorders organizations or other qualifications as outlined in the policies and procedures of the Academy. Regular members may attend all professional and business meetings of the Academy. Regular members may vote and serve on committees.

#### **b) Lifetime Member**

Lifetime members may be (a) honored individuals who have made a significant contribution to the field of eating and related disorders, referred to as sEmeritu members or (b) members who have belonged to the Academy for the last ten years or who are Founding or Charter members, and who have reached the age of 65, and who are no longer gainfully employed. Lifetime members may be nominated for this category

by the Membership Committee or by a Board member. Lifetime membership is subject to board approval per the policies and procedures of the Academy. Annual dues are waived. Lifetime members may vote, serve on committees, or become Board members or officers of the organization. Lifetime members will pay for subscription to the journal at student member rates.

c) Student Member

Any full time graduate level student in a degree program or a physician in training who is interested or involved in the field of eating and related disorders is eligible to become a Student member of the Academy. A Student member may not vote or hold elective office within the Academy, but may serve on a committee. A Student member may accede to Regular membership upon completion of training and upon submission of membership fees. A letter to the Academy from the institution's registrar or program director must verify student status.

d) Post Baccalaureate Member

Individuals working in a clinical/service setting between undergraduate and graduate school, and are not eligible for Student membership are eligible for the Post Baccalaureate Membership category. This category is, restricted to individuals who are between their undergraduate and graduate school, for a limited time of a maximum of three years. Post Baccalaureate members may not vote or hold elective office within the Academy, but may serve on a committee.

e) Patient Carer

Patients, carers and other non-professionals are eligible to join the Patient Carer category. Students and other eating disorder related professionals would not be eligible for this membership rate. Non-professionals applying for the Patient Carer Membership would be required to verify their non-eating disorder professional status (i.e., that they have no professional affiliation with eating disorder research or treatment). Patient Carer members may vote, hold elective office, and serve on committees.

f) New Professional

Individuals holding a newly acquired doctoral or master's degree advanced terminal degree, for a maximum of two years. They may vote, hold elective office, and serve on committees.

g) Founding and Charter Members

In addition, special designations of Founding and Charter are assigned to members who played a particularly important role in the evolution of this organization and they also fall into the lifetime category.

h) Founding Member

Individuals who met the qualifications to be a Regular member and who were invited to

the founding conference of the Academy in the fall of 1993 and who provided an additional fee to assist in the creation of the Academy were appointed as Founding members. The privileges of a Founding member are those of a Regular member plus the special eligibility for Fellow or Emeritus membership.

i) **Charter Member**

Individuals who met the qualifications to be a Regular member, who applied for membership prior to July 1, 1995, and who provided an additional fee to assist in the creation of the Academy, but did not meet the criteria to be a Founding Member were appointed as Charter Members. The privileges of a Charter Member are those of a Regular Member plus the special eligibility for Fellow or Emeritus membership.

j) **Fellowship**

Fellows of AED are charged at the same membership rate as regular members and so are not separately designated in the dues.

A Regular member with an advanced degree meeting the degree requirements as established in the AED policy and procedures, who has training and experience in the field of eating and related disorders and who has made outstanding and significant contributions to the field of eating disorders may be nominated for Fellowship according to the methods set forth in the Academy's policies and procedures. To become a Fellow, individuals must have maintained Academy membership for a minimum of five years. Candidates for Fellowship are submitted via nomination form to the Fellowship Committee. Nominees' applications will be processed per the Academy's policies and procedures for Fellowship status.

k) **Honorary members**

Honorary members are designated by vote of the AED Executive Committee of the Board of Directors as a special honor to distinguished individuals who have made substantial contributions to the Academy and/or the field. Their dues are waived like Emeritus members, and so they are included in the Lifetime category.

The Board may desire to create new membership categories from time to time. Membership categories are defined in the AED Bylaws, and changes in membership categories require approval by the members as a Bylaw amendment.

## **2) MEMBERSHIP QUALIFICATIONS**

a) **Regular Members**

A regular member may be a) any person with an advanced degree meeting the degree requirements as established in the policy and procedures, who has training and experience in the field of eating and related disorders; or b) An individual, professional or lay person, who is able to demonstrate interest in eating disorders by providing evidence for public or professional activities related to eating disorders organizations or other

qualifications as outlined in the Policies and Procedures of the Academy. Regular members may attend all professional and business meetings of the Academy. A Regular member may vote and serve on committees.

i) Procedure:

(1) Regular members who meet criteria for membership should complete a membership form and send it to central office either by mail or email, or should apply for membership online at [www.AEDweb.org](http://www.AEDweb.org).

(2) Regular Members should select either one of the categories:

(a) Regular member

(b) Introductory Membership First-Year Rate

This category offers a one-year reduced rate to new regular members of AED. The introductory member category also applies to those renewing for the first time in 5 years or more. This membership category benefits include access to the International Journal of Eating Disorders & Academy Newsletter and voting/office privileges.

b) **New Professionals Category**

i) This category includes lower rates for individuals holding a newly acquired doctoral or non-doctoral advanced terminal degree. Applicant must have been an AED student member within the last two years. The reduced rate would be offered for a period of two years, may utilize the Introductory Rate discount for one year **OR** the New Professional Rate for two years, **not both**. The Membership Category Benefits include access to the International Journal of Eating Disorders, The Forum newsletter and voting/office privileges.

Members are asked to renew membership annually.

### 3) **Lifetime and Emeritus Membership Classification**

In order to provide a mechanism to keep long-time members of AED “in the community,” AED has two categories of membership which confer a permanent waiver of dues:

- Emeritus Membership, which may be conferred by the AED Board on outstanding individuals who, though retired or no longer technically qualified for regular membership, have been so integral to the professional community that it is deemed in the interest of the Academy that they continue serving as role models of outstanding commitment to the field and of professional excellence.
- Life Membership for members who have reached a certain age, are fully retired, and have been longtime members of the organization. If such a member chooses to keep in contact with the organization and its community, he or she may apply for lifetime membership and upon verification of qualification, may be granted that status, with a waiver of dues and a continuation of membership. This category infers no particular distinction other than a satisfactory career in the field.

a) Application for Emeritus or Lifetime Membership

Eligibility :

i) Criteria for Emeritus Membership

The Academy may consider the designation of Emeritus Member of the Academy for Eating Disorders as a special honor to distinguished individuals who have made substantial contributions to the Academy and/or to the field. They must:

- (1) Be honored individuals who have made a significant contribution to the field of eating and related disorders
- (2) Be fully retired and have reached the age of 65 years
- (3) Have unwaveringly met the AED Member Standards of Conduct over the course of their career and be deemed by the AED Board as someone meeting the most rigorous standards of high ethical conduct.
- (4) Be considered to have had and to currently have an ethical reputation of the highest standards, worthy of celebration
- (5) Have held continuous membership in AED for the past ten years.
- (6) Be nominated by a member of the Executive Committee or the Board of Directors and be approved for this honor by majority vote of the board.

ii) Criteria for Lifetime Membership

A fully retired longtime member of AED who has reached the age of 65 years may apply to change to Lifetime Status. Lifetime members must:

- (1) Have belonged to the Academy for the last ten years (or be a Founding or Charter member)
- (2) Have reached the age of 65 years
- (3) Be fully retired
- (4) Have unwaveringly met the AED Member Standards of Conduct over the course of their career and be deemed by the AED Board as someone meeting the most rigorous standards of high ethical conduct.
- (5) Be approved for Lifetime Status by the AED Board of Directors

b) Benefits of Emeritus and Lifetime Membership

i. Emeritus Members

- (1) Those so honored shall receive a special plaque indicating their designation as an Emeritus Member of the Academy for Eating Disorders.
- (2) The award may be made at an annual meeting of the Academy or at another time and place at the convenience of the designee to the Academy.
- (3) Emeritus members may use the title Emeritus in their CV and Credentials.
- (4) May vote on all affairs brought to a vote by the general membership.
- (5) May hold office, including serving on the AED Board of Directors if nominated and duly elected.

- (6) Enjoy a permanent waiver of dues, except that if they choose to continue to receive the journal they must pay the member fee annually for the journal.
  - ii. Lifetime Members
    - (1) May vote on all affairs brought to a vote by the general membership.
    - (2) May hold office, including serving on the AED Board of Directors if nominated and duly elected.
    - (3) Enjoy a permanent waiver of dues, except that if they choose to continue to receive the journal, they must pay the member fee annually for the journal.
  - c) Procedure
    - i. Emeritus Members
      - (1) Academy members who meet criteria for Emeritus Member status may either be nominated by the membership committee, the Executive Committee or the Board of Directors or may personally request consideration for this status.
      - (2) The nomination or application will be considered by the Executive Committee and at their discretion brought forward to the Board of Directors for a vote of approval. If the Board recommends that an application be denied, the member will be provided the rationale for that recommendation. The member will be given an opportunity to forward additional information to the Board of Directors before that Board makes the final decision on your application.
      - (3) The decision of the Board will be final and binding.
    - ii. Lifetime Members
      - (1) Academy members who meet criteria for Lifetime Member status may either be nominated by the membership committee, the Executive Committee or the Board of Directors or may personally request consideration for this status.
      - (2) The nomination or application will be considered by the Executive Committee and at their discretion brought forward to the Board of Directors for a vote of approval.
      - (3) If the Board recommends that an application be denied, the member will be provided the rationale for that recommendation. The member will be given an opportunity to forward additional information to the Board of Directors before that Board makes the final decision on your application.
      - (4) The decision of the Board will be final and binding.
  - d) Emeritus and Lifetime Members are asked to renew membership by completing membership renewal forms annually to keep Academy records current. They are asked to notify staff as to whether they want to continue to receive the Journal at member rates.
- 3) Student Members**
- a) This Student category is only for members who are currently in a degree granting academic or a formalized training program (this includes, but is not limited to

undergraduate/tertiary and graduate educations, postsecondary education, fellowships, internships, residencies, medical registries, and social services).

- b) Members who have achieved the terminal degree in their field and are not in a formalized training program recognized in their field are not eligible for student status (this includes members who are studying for licensure in their field or working toward additional certification that is not part of a degree-granting requirement).
- c) The Academy reserves the right to make final determination on eligibility for this status.
- d) This member type does not receive a listing in the Membership Directory.

## **5) Post Bac-Members**

The Post-Bac category is for individuals who are in between undergraduate and graduate studies and have completed an undergraduate degree but are not currently enrolled in a degree-granting program. The Post-Bac category can be used for a maximum of 3 years.

## **6) Past AED Presidents Memberships**

Past Presidents who are no longer serving on the AED Board of Directors receive 5 complimentary years of AED membership.

- a) Policy
  - ii) In recognition of their service, all AED Presidents shall be awarded five years' free membership in the Academy for Eating Disorders (including IJED subscription) from the point where they leave the Board (i.e., after completing their year as Past President).
  - iii) This award shall be retrospective for all former Presidents whose service preceded the establishment of this policy and will be at the financial level that applies at the time of taking up the award. Any former President who needs to delay acceptance of this award due to having previously paid dues in advance may do so. The award is contingent on the former President remaining an AED member in good standing.
- b) Procedure

The Secretary of the AED Board of Directors will alert the staff at the end of the Past President's term each year to initiate the process of complimentary dues for 5 years hence.

## **SPECIAL INTEREST GROUPS**

### **Status of Document**

Date of Draft: September 11, 2015

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### **Background**

The AED for Eating Disorders (AED) is an interdisciplinary organization for professionals interested in eating disorders. The primary purpose of the Special Interest Groups (SIGs) is to provide forums for individuals who have interests in particular topics regarding eating disorders. The role of the AED is to facilitate and support these groups that will in turn contribute to professional dialogue and promote the field. SIGs may focus on any professional theme and may be created and dissolved as specific interests increase or decrease in importance to AED members.

### **Policy**

#### **1) Formation of New Groups**

- a) Any AED member or group of members may propose the formation of a new SIG. The individual(s) should submit a brief paragraph describing the title and focus of the group to the SIG committee chair. The paragraph should provide sufficient information to allow prospective members to determine whether they would want to join the group.
- b) If the SIG committee chair deems that the proposed group is both relevant to eating disorders and distinct from other Interest Groups, an invitation to join the proposed group will be published in the AED Newsletter, Web Page, and sent to the membership via email and posted in the AED Online Community. Members interested in joining will be directed to respond directly to the member(s) proposing the new SIG.
- c) When a minimum of 10 AED members have expressed an interest in joining the new SIG, the organizer may schedule a meeting for the next AED International Conference on Eating Disorders (ICED) with the help of the SIG committee chair, AED headquarters staff, and in collaboration with the ICED Program Planning Committee. At the first meeting of the new SIG, there will be two primary goals: the development of an organizational structure and an acceptable description of the SIG purpose.
- d) In summary, a SIG will be formally established when the following criteria are met and documentation of eligibility has been forwarded to the Membership Portfolio Holder:



- i) The SIG has specified a purpose that does not duplicate that of an existing SIG.
  - ii) A minimum of 10 AED members have agreed to join the SIG.
  - iii) The SIG has held a public, formal meeting.
- 2) Privileges of Special Interest Groups
  - a) A Special Interest Group has numerous privileges. The SIG's name will be included in the listing printed in the Membership Brochure and the Membership Directory. SIG will have the opportunity to contribute to the Interest Group Column in the AED Newsletter. Meeting space and time, scheduled by the Program Committee, will be provided at the ICED.
- 3) Special Interest Activities
  - a) Activities of individual SIGs will be determined by members, but usually will include newsletters and hosting speakers at SIG meetings.
  - b) Meetings held during the ICED may consist of a business meeting (where officers are elected, group goals are set for the upcoming year, and group accomplishments over the past year are reviewed) and a program component (e.g., new research or service programs are described, an invited speaker presents an address, or a conversation hour is held).
  - c) SIGs may submit proposals for formal presentations at the ICED to the Program Committee in response to the call for SIG Discussion Panels. They will be assessed using the same selection/rejection criteria that are used in the case of submissions received from any individual or group of individuals affiliated with the AED.
- 4) Membership Criteria
 

Membership in a SIG is determined by current membership in the AED and by an interest in the Group's identified topical concern. Groups may not establish exclusionary criteria for membership.
- 5) Special Interest Group Responsibilities
  - a) The Special Interest Group Program is maintained by the AED as a service to its members. SIGs exist to serve subsets off the AED's members. Therefore, SIGs are accountable to their membership and to the AED.
  - b) A SIG may be deleted from the AED's list of SIGs at the initiation of either the SIG or the Board of Directors.

- c) In order to remain an AED Special Interest Group, the group must meet the criteria specified below:
- i) SIGs must maintain a minimum of 10 members. If membership drops below the criterion number, the Group may request a one-year special status period.
  - ii) SIGs must submit an Annual Activity report that is due no later than one month after the annual conference. The activities of SIGs must be compatible with the aims, purposes, and practices of the AED. When there is concern about the appropriateness of a group's activities, final determination will rest with the Board of Directors of the AED.
  - iii) SIGs will be required to survey members annually as to their satisfaction with SIG operation. Results from the annual survey must be included in the annual report. Members shall be asked at a minimum – a) how satisfied are you with the operation and activity of this SIG over the past year: Very Satisfied, somewhat Satisfied, somewhat Dissatisfied, and Very Dissatisfied; b) what were particular highlights for this SIG over the past year; c) what are weaknesses of this SIG and what are your suggestions for improving this SIG. SIGs should use Survey Monkey or some other similar system that can provide some anonymity in responses.
  - iv) SIGs will be required (versus encouraged) to have two co-chairs of equal rank. Thus, no SIGs will have a chair and a co-chair, and SIGs are no longer allowed to simply have a single chairperson. Any SIGs who do not have a co-chair should designate a co-chair as soon as possible.
  - v) SIGs will be required to have elections, as a minimum, every three years for the position/s of SIG co-chair/s. The process of electing co-chairs should occur at annual SIG meetings held in conjunction with the ICED, via the SIG virtual meeting space in the AED Online Community, or other electronic methods such as a survey via email. All members of the SIG should have the opportunity to nominate themselves or other members of the SIG for the position of co-chair, with elections advertised to SIG members via the AED Online Community. SIGs will be required to state in their annual report the tenure of their current co-chairs.
  - vi) If annual reports reflect a problem with the leadership of a SIG, the SIG Oversight Committee will request a follow-up with members and, subsequently, the opportunity for the members of the SIG to elect a new co-chair/s.
  - vii) The Graduate Student SIG also will be required to have a mentor and is strongly encouraged to have full leadership turnover every three years so that this student SIG can provide leadership experience for as many student AED members as reasonably possible. The mentor will be appointed by the SIG Oversight Committee (see committee description below) and will be responsible for helping the Graduate Student SIG meet their requirements and also thrive.
  - viii) New SIGs are strongly encouraged to identify another successful SIG as a SIG mentor to obtain advice about running a successful SIG. Successful SIGs operate as follows: Submit required documentation/reports on time and conform to SIG rules; hold meetings or other events (panel discussions, mini conferences etc.); have two co-chairs and evidence of elections every three years.

- ix) Failure to meet any criterion for two consecutive years, except under circumstances found acceptable by the Board of Directors, will result in the SIG's deletion from the Special Interest Group Program.
- 6) Special Interest Group Oversight Committee and Committee Chair
- a) The Special Interest Group Oversight Committee will appoint two of its members as Co-Chairs. They will serve for three years as Chairs of the SIG Oversight Committee and coordinators of activities and information for the individual SIGs. The SIG Oversight Committee Chairs and the SIG Oversight Committee will coordinate the needs of the SIGs with the Program Chairs for the ICED. The SIG Oversight Committee Chairs and the SIG Oversight Committee will compile the Annual Activity Reports and membership lists for the SIGs and will also provide a report as needed but at least once a year to the Membership Board Portfolio Holder. The Board Portfolio Holder will forward as appropriate the compiled material to the Board.
- 7) Annual Special Interest Group Requirements
- a) The AED requires that SIGs engage only in activities that are compatible with the aims, purposes, and practices of the AED. Where there is concern about the appropriateness of a SIG's activities, final determination will rest first with the Membership Board Portfolio Holder who will decide whether to bring it to the Board for discussion.
  - b) Each SIG is required to complete an Annual Activity Report and include a current membership listing annually.
  - c) SIGs are required to submit an annual financial report, if appropriate. The format of such report shall be as simple as possible and submitted with the Annual Activity Report.
  - d) No SIG may release any position or policy statements on public policy matters in the name of the AED. Furthermore, statements in the name of a SIG shall contain a disclaimer clause, making it clear that the SIG is not speaking for the AED.
  - e) SIGs will be permitted to use the AED's logo only if the materials have been reviewed and approved by the SIG Oversight Committee and the Membership Board Portfolio Holder. This includes SIG-initiated conferences or workshops. All AED-affiliated, SIG conference programs must be reviewed and approved by the SOC and the portfolio holder.
  - f) No SIG may license or certify its members.
  - g) No SIGs may obligate the AED to any financial commitments.

- h) No SIGs may publish a referral directory.
- i) SIGs may change their name upon review and approval from the SOC and the Membership Board Portfolio holder.
- j) To help SIGs avoid being disbanded due to problems with leadership or confusion about policies, the SIG Oversight Committee is authorized to implement the following interim steps with non-compliant SIGs:
  - i) If a SIG is non-compliant with AED SIG policies, the SIG Oversight Committee will first ask them to become compliant. As long as SIG leaders work with SIG Oversight Committee on becoming compliant and make progress the SIG will remain in good standing. However, if SIG leaders ignore the SIG Oversight Committee or repeatedly fail to follow-through, SIG leaders will be informed that non-compliant SIGs might not be given a meeting room for the next meeting if space becomes a priority. It should be noted that not having space does not preclude a SIG from still holding its meeting. However, because the SIG not be listed in the program – scheduling a meeting would now fully be the SIG chairs responsibility.
  - ii) If SIGs remain non-responsive/non-compliant with no progress over a 6 month period, then they will be put on probation, which means that SIG leaders are required to step down and the SIG Oversight Committee will appoint new interim leaders until it is time for the next election. This may mean that AED puts out a call for interested leaders on the general AED Online Community. The purpose here is to give SIG members an opportunity to save a SIG when there are leadership failures. Once new leadership is in place, then the SIG has one full year to become compliant or the SIG Oversight Committee will ask the Board to disband the SIG.

## **SURVEYS TO THE AED MEMBERSHIP**

### **Status of Document**

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### **Policy**

The Academy for Eating Disorders (AED) and its individual members may from time to time desire to conduct surveys of the membership for the purpose of collecting information about specific eating disorders issues. The information collected may be of use to the members and the field. The Academy would like to facilitate such data collection and assure that the surveys are of high quality and meet the needs of the AED and its members.

### **Procedures**

- 1) Individual members who desire to survey members shall communicate with the Membership Board Portfolio Holder and provide him/her with the following material:
  - a) A cover letter stating the purpose of the survey and the AED members to whom collected information will be sent.
  - b) A copy of the survey instrument.
- 2) The Portfolio Holder will review the material and can approve it or decide to present it to the Board, which will take one of the following actions:
  - a) Approve
  - b) Disapprove
  - c) Return to the member with suggestions for modification.
- 3) Depending on the number and nature of requests, survey questionnaires may be distributed individually or may be subsumed within larger AED-generated questionnaires that may be distributed to the membership from time to time. In the latter case, the data for the individually initiated portions of the survey will be returned to the initiating individual.
  - a) The Academy will not bear the cost of production or distribution of individual-initiated surveys.

## **PARTNER, CHAPTER AND AFFILIATE ORGANIZATIONS**

### Status of Document

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### Purpose

The goal of the development of Partner, Chapter, and Affiliate organizations for the AED is to formally establish global collaborations with organizations involving eating disorder (ED) professionals, whose mission and goals parallel those of the AED (i.e., promoting the treatment, research, and prevention of eating disorders). Within such collaborations, there will be explicit recognition of the existence of mutual missions and goals as well as the development of programs designed to encourage active collaborations among the partner organizations.

#### 1) Chapter Status Policy

##### a) Chapter Definition

A chapter is a group of professional AED members who share a geographic area or common language, who organize themselves to pursue the aims of the central organization cooperatively.

##### i) Criteria for Chapter Status

- (1) To be eligible for Chapter status, the applicant organization should be formed through a merger with a pre-existing not-for-profit organization or group, from a group of members within the AED that shares a common geographic area or language, or as part of a mutual regional development strategy with a group of interested members.
- (2) Chapter formation can evolve organically from naturally developing affiliations and regional interest groups rather than through pre-design.
- (3) Each Chapter shall elect a Chapter Chair to serve not more than two consecutive two-year terms or one three-year term and may elect other officers, as specified in its Chapter By-Laws.
- (4) Only AED members in good standing may serve as officers of Chapters. The Membership Portfolio holder on the Board will be the voice of Chapters, reporting activities, initiatives, etc., of the Chapters to the Board.
- (5) The approval of Chapter formation is subject to Board approval.

##### ii) Collaborative Arrangements

- (1) To be considered for AED chapter designation a group or organization will guarantee a minimum of 30% of their members are currently joint members of their organization and the AED (any level of AED membership is acceptable). In addition they will guarantee recruitment of a certain number of new joint members. This number is to be negotiated but would reflect a reasonable percentage of the existing membership. The 30% member minimum is strongly suggested but may be negotiated at the Board's discretion.
- (2) The AED will include a box that indicates Chapter membership on the new member and the membership renewal forms online. The Chapter leadership will be required to maintain accurate membership records so Chapter membership can be verified by AED Headquarters. Similarly, Headquarters will supply quarterly printouts of Chapter members who have joined the AED or renewed their membership within that quarter.
- (3) Only joint members can vote, assume a leadership position, or participate as a speaker or presenter in AED-sponsored Chapter activities or initiatives.
- (4) Grace Period: An individual can be invited to belong to a Chapter without joining AED. Chapter members will be given a grace period of up to 2 years before AED membership is required. During the grace period, these chapter members can have access to the Chapter Online Community but will not receive the journal or any other print media from the AED or have access to the AED Online Community, newsletter or AED members website.
- (5) The Chapter will be responsible for doing quarterly reviews of chapter members who are in their grace period and checking with staff about their potential AED member status. Chapters will be responsible for notifying Chapter members and staff when the chapter members' grace period is over.
- (6) Members of the Chapter will receive a \$10 USD flat rate discount on membership rate for membership in the AED.
- (7) Chapters will be responsible for administrative oversight of their own such as educational offerings, initiatives, newsletters. Staff will not manage these aspects of Chapter activities.
- (8) Chapters will be responsible for seeking regional funding for their activities. On some occasions, Chapters may request funds from AED for special activities. In most cases it would be expected that these funds would be reimbursed to the AED (payment schedule to be negotiated) from the registration fees or other fees collected from the event or product. The AED will also seek funds to support special Chapter activities and Chapter-related scholarships. A request-for-funds would be submitted to the Membership and Global Capacity Building Portfolio holder on the Board who will review the request, then submit it to the Board for review and vote.
- (9) Chapters may establish and maintain liaisons with other professional and scientific organizations in their region that are relevant to eating disorders

treatment, research, education, prevention, and/or advocacy. Chapter representatives will represent AED in these activities and public communications.

- (10) A representative of the chapter will take part of the Partner, Chapter and Affiliate Committee and hold monthly conference calls with representatives of other organizations of this committee.

iii) Benefits to the AED of chapter formation

- (1) Strengthens membership recruitment in underrepresented regions and in established regions
- (2) Expands AED educational mission through:
- (3) development of regional programs
- (4) creating structures for local education, training, supervision and advocacy
- (5) Expanding AED exposure to new perspectives, voices, and experiences in a wider
- (6) range of regions around the world
- (7) Offers additional member benefit
- (8) Increases member involvement in AED
- (9) Increases opportunities to access and develop diversity, talent, expertise and leadership within AED membership from a truly international base
  - a. Offers potential for AED to join with existing organizations (e.g. ANZAED), which decreases splintering in the field
  - b. Strengthens AED brand as international organization
  - c. Increases membership revenue
  - d. Advances AED advocacy mission by creating local and regional structures for media contacts and other networking

iv) Benefits of becoming an AED Chapter

- (1) Access to AED resources and infrastructure for developing programs that address issues relevant to that region or group.
- (2) Resources and infrastructure identified as beneficial:
  - (a) financial
  - (b) website (area for chapter news and reports) and online community
  - (c) newsletter
  - (d) *IJED*
  - (e) professional network for research, clinical, advocacy, and educational support (e.g., ready network of speakers for educational programs)
  - (f) collaborative network with other eating disorder/patient and carer organizations
  - (g) organizational structure (bylaws, policies and procedures, leadership structure)
  - (h) Name (brand) recognition



- (i) Increased influence within AED (through Board liaison and general visibility within AED)

## 2) Partner and Affiliate Status

### a) Partner Status Policy

#### i) Criteria for Partner Status

- (1) To be eligible for Partner status the applicant organization should be:
- (2) A non-profit organization with predominantly professional membership with a focus on ED (but not necessarily restricted to ED professionals);
- (3) Have a national rather than regional character (e.g., a state organization in USA)
- (4) Have mission and goals compatible with those of the AED (i.e., promoting treatment, research, or prevention of eating disorders),
- (5) Not originate within the AED;
- (6) Should not be a treatment facility, and
- (7) Should not be first and foremost an organization dedicated to lobbying and/or providing support for individuals with ED and/or their carers.

### b) Affiliate Status Policy

#### i) Criteria for Affiliate Status

- (1) To be eligible for Affiliate status, the applicant organization should be:
- (2) An organization of professionals anywhere in the world whose major raison d'être is not the research, education, treatment, or prevention of eating disorders (ED) per se, but whose objectives nevertheless include some or all of these,
- (3) Must fit the definition neither of a Partner Organization nor of a Chapter. Examples of Affiliate organizations may include organizations of single disciplines with a special interest in ED or organizations dedicated to specific populations that include a high proportion of individuals with ED,
- (4) Have a national rather than a regional character (e.g., not a state organization within USA)
- (5) Should not be a treatment facility, and
- (6) Should not be first and foremost an organization dedicated to lobbying and/or providing support for individuals with ED and/or their carers.

### c) How to Apply

- i) The applicant organization should submit the following documents to the Co-chairs of the Partner, Chapter and Affiliate Committee, and to the Global Outreach Portfolio Holder for the Academy for Eating Disorders:
  - (1) A copy of the organization's by-laws and mission statement
  - (2) A brief description of the organization's membership (size and disciplines represented)
  - (3) A brief description of recent projects reflecting the organization's promotion of treatment, research or prevention of eating disorders.

(4) Note: Before it is accepted as a Partner organization, the applicant organization may be asked to submit financial statements (reflecting fiscal status for past and current year).

d) Collaborative Arrangements

These affiliations could lead to numerous collaborative efforts. Many people in leadership roles in both the AED and Partner, Chapter, or Affiliate organizations could contribute to the development of a fruitful international ED network. Such collaboration should reinforce the liaison between AED and other ED groups or subgroups of ED professionals that belong to other national and international organizations, and help the AED to consolidate its role as the international organization leading the unification of ED professionals throughout the world.

e) The Partner, Chapter, or Affiliate relationship between the AED and partnering institution will be formally codified in the following ways:

- i) The websites of each organization will include a page devoted to each Partner, Chapter, or Affiliate organization. The webpages will describe the Partner, Chapter and/or Affiliate organization, its activities, and its collaborations with the AED.
- ii) The newsletters of each organization will highlight the Partner or Affiliate organizations and include regular updates on the other organizations' activities. Conferences, workshops, etc., will also be freely advertised in each newsletter.
- iii) Involvement in each organization will be promoted:
- iv) Members of the partnering organization will receive a \$10 USD flat rate discount on membership rate for membership in the AED. Likewise, AED members will receive a 5% discount on membership rates for membership in the Partner, Chapter, or Affiliate organization.
- v) Small, joint scholarship funds (e.g., \$500) will be developed by both AED and the Partner, Chapter or Affiliate institutions to support travel for a researcher or clinician to attend each organizations' conference.
- vi) The AED and Partner or Affiliate organization will encourage conference planning committees to consider inviting speakers from the respective organizations.
- vii) Joint teaching days will be encouraged during each organization's annual meeting as well as free standing teaching days.
- viii) The AED and Partner, Chapter or Affiliate organizations will collaborate on exploring and applying for funding resources with a focus on transnational partnerships.
- ix) Regular communication between the leadership of Partner or Affiliate organizations will be maintained through semi-annual meetings between appointed representatives from each organization. At least one of these meetings will be face-to-face. Within the AED, the Partner, Chapter and Affiliate Committee (PCAC) will be responsible for maintaining communication with Partner and Affiliate organizations. The PCAC Co-Chairs will keep the Membership Portfolio Holder informed who will keep the Board up-to-date. President and President-elect will be invited to participate as members of the committee and the Board will be invited to

- participate in the face-to-face semi-annual meetings.
- x) A representative of the Partner or Affiliate organization will take part of the Partner, Chapter and Affiliate Committee and hold monthly conference calls with representatives of other organizations of this committee.
  - xi) The AED and the Partner, Chapter, or Affiliate organization will make efforts to represent each other in public communications (e.g., media releases, position statements and papers, etc.).
  - xii) The agreement between the AED and a Partner, Chapter, or Affiliate organization will be formally evaluated every five years following the date of the first agreement.
  - xiii) Both parties can end the agreement at any time by providing formal written consent on behalf of the board of their organization.
- 3) The AED reserves the right to deny or revoke Partner, Chapter or Affiliate status previously granted to an organization if the organization's mission and goals are, at any point in time, judged to be inconsistent with the mission and goals of the AED.

## **FREE REGISTRATIONS TO ICED FOR MEMBERS OF PARTNER, CHAPTER OR AFFILIATE ORGANIZATIONS**

### Status of Document

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### **Purpose**

In order to improve the participation and active membership of professionals from Partner, Chapter, and Affiliate Organizations that have low current AED membership, AED PCAC will give out a total of two registrations to members in total per year to two individuals from among all the individuals holding membership in a PO/AO/Chapter for the ICED. It is anticipated that the recipients will attend PCAC activities at the ICED meeting. The goal is to increase the profile of AED and understanding of membership benefits among members of POs, Chapters and AOs.

### Criteria for Selecting Recipients

- 1) The candidates will be selected and approved by the PCAC and the Global Outreach Portfolio Holder on receipt of a letter of application addressing the following criteria:
  - a) Their understanding of the background and rationale of this initiative by PCAC;
  - b) They be a Board member or equivalent in their respective PO or AO or Chapter;
  - c) If not a current AED member this is addressed in their letter of application, e.g., previous membership lapsed, planning to join, high likelihood of joining in the future;
  - d) Applicant has not attended an ICED for the past 3 years; \* Applicant is a member of a PO /AO/Chapter with the potential for bringing new members into AED

### **Policy**

- 1) The PCAC will advertise the availability of these two free registrations to the Partner, Chapter and Affiliate Organization Committee membership nine months before the ICED. Each PO/AO/Chapter committee member will take the application criteria to their respective boards and names and applications addressing the criteria will be submitted in confidence by a pre-determined date to the PCAC CO-Chairs and AED Board Portfolio Holder.
- 2) The Co-Chairs and Board Portfolio Holder will determine the recommended selection based on the stated criteria and application(s) that best meet the criteria. The Board member will

advise the AED Board and AED Central Office staff member overseeing ICED of their selection. Co-Chairs will forward the recommended names to AED Board for approval.

## **ADVOCACY GUIDELINES**

### Status of Document

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### **Purpose**

It is the position of the Academy for Eating Disorders that advocacy should be a part of our practice and that advocacy efforts be valued as an important component of the overall treatment of all patients, clients and carers.

We are aware that there is a wide spectrum of programs and services across the globe and that the need for advocacy will vary from country to country. The following Advocacy Guidelines are basic principles that are applicable and pertinent in countries around the world.

#### What is advocacy?

Advocacy is about having a voice, being part of the solution, and standing up for what you believe in. Advocacy is taking action for or against a cause or position. Advocacy is typically motivated by moral or ethical principles or to protect an interest.

#### Why Do We Need Advocacy around Eating Disorders?

Advocacy is empowering and affirming and is a necessary component in fighting and raising awareness of eating disorders across the globe. Advocacy efforts in the eating disorder arena may involve advocating for sociocultural change, better understanding of eating disorders, increased research efforts, access to evidence-based treatment, etc. Advocacy often revolves around making sure our patients/clients have access to care and insuring that their basic rights are being upheld. In addition, advocacy efforts are useful in supporting research and promoting education and prevention efforts. Advocacy may also involve promotion of positive weight related messaging vs. a war on obesity approach.

#### What Does An Advocate Do?

An advocate speaks out and actively supports a cause and advocacy can take many forms, large and small. Being an advocate can be as easy as:

- Forwarding an e-mail to everyone on your list, copy and pasting a form letter to a policy maker, or using your social networking including Twitter, Facebook and other networks to support a cause.
- Letter writing campaigns, phone calls or face-to-face meeting.
- Getting media attention, public speaking, organizing and rallying, meeting individually with influential people, joining forces with other advocacy organizations or being the voice for people who are unable to advocate for themselves.

There are thousands of ways to be an advocate and your voice is important.

### Who Can Become An Advocate?

Anyone can be an advocate and, in fact, we believe it is our responsibility to advocate for our clients, their families and care-givers. You do not have to be an expert in governmental affairs or have a complete understanding of how policy makers work. You **do** need to be able to share your experiences and have the ability to effectively communicate through writing and speaking. Effective, in this context, means being concise and providing the information your listener needs. Your audience may be the government, the media, members of the community, or your colleagues. Being an effective advocate means having the confidence that you are the expert in your story and you accept the challenge and responsibility to educate policy makers, members of your community, the media and others about the multitude of issues facing people who suffer from eating disorders.

### Why Is It Important To Be An Advocate?

Advocates understand the importance of having a voice, or being the voice for someone who is unable to advocate for themselves, and know that sharing a personal story with a policy maker, the media, or your community can have a powerful impact. We know that there is power in numbers and every voice is important. We also know that we need to be part of the discussion and that we would miss opportunities to tell our side of the story if we are not willing to be part of the conversation.

Example: Entertainment icon, Disney Corporation, launched an on-line site and interactive exhibit that was profoundly offensive and shaming. It promoted weight stigmatization and had the potential of doing harm to viewers. People from across the globe sent messages and voiced their concerns and within a few days the exhibit was closed for re-tooling. This is advocacy at its best!

### Basic Principles of Advocacy

Effective advocacy requires a set of skills that are easily learned. Advocates must be very knowledgeable about their specific topic and the goal is to share that knowledge and have a positive impact on the audience. Eating disorder advocates typically are passionate about fighting eating disorders but also recognize that their audience may know very little about the illnesses. Therefore, eating disorder advocates must be able to provide accurate information

on the topic, and it is useful to have a set of talking points that are used consistently by all advocates. Talking points must be factual, and evidence must be readily available should someone ask you where your facts came from. The goal is to simplify the learning process for the listeners.

Clear message: To be effective, advocates must be specific about what they are asking for and what they want their audience to do.

Example: The Eating Disorders Coalition in the US advocates and lobbies Congress to pass specific eating disorder legislation. The “ask” is to support the Federal Response to Eliminate Eating Disorder Act.

Action: There are opportunities to be an active advocate throughout the year. In the policy arena, there are opportunities to impact policy throughout the year depending on the subject. Progress can be slow, but steady pressure on policy objectives is critical. In the realm of media, there is typically a much shorter timeframe within which to respond. Advocacy response to inappropriate or potentially harmful media must be timely and swift. Overall, advocates typically are able to provide accurate and timely information to the media, government officials and others who are seeking facts, statistics, data or general information about eating disorders. Individuals and organizations that are most successful in their advocacy efforts are the most visible and work year round.

Relationship Building: Much of advocacy is about building relationships and trust. Once you are seen as the expert, it is likely that policy makers, the media, and community groups will contact you when there is a question about eating disorder research, treatment or prevention.

Strategy: To successfully advocate for your patients/clients and carers, it is useful to develop a strategy and to communicate your plan to fellow advocates. Flooding the phone lines, e-mail, or mail boxes of policy makers can be very effective in accomplishing your goal and bringing attention to your cause. Sending policy updates, press releases and action alerts are also effective strategies to keep your issue front and center. Follow-up, diligence, and persistence are important qualities.

Persistence and patience: It is important for advocates to trust that their efforts will make a difference and will lead to better overall care and treatment for patients/clients, more support and resources for carers, de-stigmatization of eating disorders, and improved awareness within our communities.

## Resources

Eating Disorders Coalition for Research, Policy and Action: (EDC)  
<http://www.eatingdisorderscoalition.org/>



## **FORUM NEWSLETTER**

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### **Policy**

#### **1) Advertisement Types and Process**

##### **a) Purpose**

- i) The purpose of this policy is to outline the process for accepting advertisements for the Forum, the newsletter of the Academy for Eating Disorders.

##### **b) Policy**

- i) It is the policy of the Academy for Eating Disorders that we will accept paid advertisements for the Forum. The Board shall establish rate schedules for classified, display, research study, and conference advertisements (see below).

##### **c) Procedure**

##### **i) Classified and Display Advertisements**

- (1) Classified and display advertisements will be submitted to the Editor, who will forward the advertisement(s) to the Communications Manager at AED headquarters in the Forum copy. The Editor will also forward the contact information so that the fee can be determined and collected, if any.
- (2) The following rate schedule has been established and may be periodically revised by the Board to cover administrative and operating costs and to provide some return to the AED treasury.

##### **(a) Classified Advertisements**

- (i) Members: 1st 10 lines no charge, every line after this, \$10 each
- (ii) Non-members: 1st 10 lines \$150, every line after this, \$10 each

##### **(b) Display Advertisements**

- (i) 1/4 page ad: member: \$425; non-member: \$525
- (ii) 1/2 page ad: member: \$700; non-member: \$850
- (iii) Full-page ad: member: \$1100; non-member: \$1350

- (c) All advertisements will be published in a single issue of the Forum. If additional postings are requested, the fee must be paid for each issue.

##### **(d) Research Study Advertisements**

- (i) Requests for research study recruitment via the Forum will be considered advertisements and will be subject to the same advertising rates and duration as the classified advertisements. Requests for research advertising may be made by Academy for Eating Disorders members only. Student postings and industry-sponsored research recruitment postings must have an AED member sponsor.
    - (ii) The following procedures will be used to review these requests:
      1. The Communications Manager at AED headquarters will provide the policy and associated fees to the requestor, as applicable and will forward all formal requests to the Forum Editor for review. Requests regarding industry-sponsored research recruitment will also be forwarded to the Industry Liaison for review.
      2. All requests for research recruitment advertisement must be accompanied by institutional review board or ethics committee approval, study abstract, author list (which must include an Academy member), and the proposed text of the advertisement.
  - (e) Conference Postings:
    - (i) Announcements for conferences sponsored by other organizations with similar missions (e.g., professional organizations, registered charities, non-profit organizations, national and international user and career organizations) will be accepted at no charge, provided the organization(s) agree to allow the AED to post advertisements for AED sponsored conferences and services, as applicable, in that organization's newsletter at no charge or to access that organization's mailing list for membership or conference advertisement purposes.
  - d) Advertisements by individuals or organizations that are found to be in conflict with the aims and mission of the AED will not be accepted or will be removed from the Newsletter Forum as soon as AED headquarters or the Editor becomes aware of such a conflict of interest.
- 2) AED Forum Book Reviews
- a) Policy
    - i) The purpose of this policy is to outline the procedures for the appointment of Book Reviewers and the procedures for book reviews for the Forum.
  - b) Procedure
    - i) Appointment of Book Reviewers
      - (1) When a new Forum Editor is appointed, s/he will choose 1-2 Book Reviewers who will serve the same term as the Editor (3 years). Book reviewers will be Academy for Eating Disorders members who work full-time professionally in the field of Eating Disorders. Graduate students will not be eligible to be book reviewers.

- (2) To choose a Book Reviewer, the Editor will solicit names of potential book reviewers from former book reviewers and then inquire about interest. In addition, the Editor may ask Headquarters to send an email to all Academy members announcing the open position. Academy members can apply to become book reviewers by contacting the Editor and providing a CV.
- (3) Occasionally, other AED members may be asked (or may request) to review a book for the Forum. This is up to the Editor's discretion.

#### ii) Book Reviews

- (1) One book will be reviewed in each issue of the AED Forum. Books are selected by the book reviewer, in collaboration with the editor, based upon the perceived level of interest to the AED membership and that the focus of the book is on eating disorders, broadly defined. Book choices will include a variety of books geared for both a lay and academic readership. Preference is given to books written by AED member authors.
- (2) The Editor will keep an ongoing list of books to be reviewed and will determine the publication date for the review.
- (3) Requests by Academy members to have a book considered for review should be sent to the book reviewer and editor via email. They will determine whether to place the book in the review queue, based on the AED policy as stated above. If questions arise as to the appropriateness of placing a book in the review queue, then the book reviewer and editor will consult with the Outreach Portfolio Holder.
- (4) Any member whose book is not accepted for review may choose to advertise their work in the classified section of the newsletter.
- (5) The Editor assigns books to be reviewed. If the Reviewer would like to enlist a co-editor or pass the review to another Academy member (either due to lack of expertise in the subject area or lack of time), the Editor should be alerted. This suggestion will be reviewed by the Editor, who will determine the course of action (either approve the co-editor or pass the review on to another AED member).
- (6) Book reviews are due on the first day of the month prior to the planned publication month of the Forum (e.g., if the Forum is to be released in January then the book review is due December 1) and should be sent electronically to the Editor as a Word document. They should be approximately 750 words in length.
- (7) Book reviews should be written objectively and respectfully. When reviewers have negative comments to make, they should be done in a constructive manner that is not inflammatory.
- (8) All reviews are subject to editing by the Editor, who will return edited reviews back to the reviewer for final approval.

### 3) Member News Column

#### a) Purpose

- i) The purpose of this policy is to outline the type of information that can appear in the Members News section of the AED Forum.
  - b) Policy
    - i) The Member News column in the AED Forum will be reserved for items of information deemed to be of interest or relevance to AED members, to include: honors, awards, relocations, promotions (including award of fellowship status of various professional organizations), and new books published. In addition, initial announcements about openings of new treatment centers also will be included. However, subsequent announcements about the treatment center, as well as any advertisements for open job positions, will not be included in the Member News column, but will instead be treated as paid advertisements (see the AED policy on Forum Advertisements for rates).
    - ii) All submissions to the Member News column are subject to review by the Editor, who may choose to confer with the Outreach Portfolio Holder in special cases.
  - c) Procedure
    - i) The Editor will review all submissions to the Member News column for appropriateness and adherence to this policy. Submissions by individuals or organizations that are found to be in conflict with the aims and mission of the AED will not be accepted, and the submitting member will be informed accordingly by the Editor.
    - ii) The Editor will forward all questionable submissions to the Outreach Portfolio Holder for review. If necessary, the Outreach Portfolio Holder will forward the requests to the AED Board for review and final approval/disapproval.
- 4) Updates Column from Other Organizations
- a) Purpose
    - i) The purpose of this policy is to outline the process for accepting and publishing updates from other organizations in the AED Forum.
  - b) Policy
    - i) The AED Forum includes *Update Columns* from a range of eating disorder organizations. The AED welcomes updates on activities, initiatives and events organized and carried out by non-profit organizations whose missions are similar to that of the AED. Specifically, the organizations must be eating disorder organizations that are: 1) professional organizations; 2) registered charities; or 3) national or international user or carer organizations. Updates from individuals or private organizations will not be accepted. All updates are subject to review by the Editor, who may choose to confer with the Outreach Portfolio Holder in special cases.
  - c) Procedure
    - i) AED headquarters will inform requesting organizations about this policy.

- ii) The Editor will review all submitted requests and written updates for appropriateness and adherence to this policy. Requests by individuals or organizations that are found to be in conflict with this policy or the aims and mission of the AED will not be accepted.
- iii) The Editor will forward all questionable requests and/or prepared updates to the Outreach Portfolio Holder for review. If necessary, the Outreach Portfolio Holder will forward the requests/prepared updates to the AED Board for review and final approval/disapproval.

## **LETTER WRITING BY THE ADVOCACY AND COMMUNICATIONS COMMITTEE**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

The purpose of this policy is to outline the procedures for letter writing in response to pertinent and newsworthy issues. The Advocacy and Communication Committee (ACC) is in charge of responding to, and addressing, emerging issues in a timely manner. In some circumstances, a letter is preferable to a press release, such as when AED is promoting a specific call for immediate action. The medium of communication is to be determined by the ACC. This policy addresses procedure for approval of letter writing by the ACC both independently and in collaboration with other like-minded organizations.

### **Policy**

- 1) The AED independently writes a letter in response to a newsworthy and pertinent issue. In some situations, the AED may join other organizations in a letter writing campaign by submitting an independent AED letter supporting a cause. In these circumstances, the AED would write its own letter but join other groups in responding to issues such as notifying media outlets or political groups.
- 2) The AED signs on to an existing letter, which is generated in collaboration with at least one outside organization. In this circumstance, the AED and participating organization(s) collaboratively approve the written message before it is officially signed.
  - a) Procedure for Letters Independently Signed By AED

- i) The ACC identifies an advocacy issue warranting response by the AED, or identifies an existing letter writing campaign that is relevant to an advocacy response from the AED.
  - ii) The ACC co-chairs communicate their desire to write a letter in response an identified issue or join a letter writing campaign to the Board Portfolio Holder. In this request, the stated time frame for approval is communicated by the committee co-chairs (e.g., 48 hours) in order to respond efficiently to the issue at hand. If the portfolio holder thinks a response to the identified issue is relevant and appropriate, he/she will forward the suggestion to the President who decides whether or not a letter should be drafted. The Portfolio Holder communicates the President's decision to the committee co-chairs.
  - iii) Once the draft of the letter is approved by at least one co-chair, the draft is then sent to the portfolio holder for feedback and approval. After the portfolio holder approves the draft, the portfolio holder sends the final draft to the President for feedback and approval.
  - iv) The final version of the letter is then sent to the relevant parties. Communication with the Outreach Portfolio liaison at AED headquarters and coordination with the Electronic Media Committee and social Media Committee will be conducted by the ACC co-chairs. The portfolio holder alerts the Board of Directors that AED has officially generated a letter on the identified topic.
  - v) The ACC co-chairs inform the ACC members about any letters that have been written during the monthly conference calls. AED members may also be informed via the AED Online Community that a letter has been sent out.
  - vi) The Portfolio Holder informs the Board about any letter campaigns through his/her monthly update.
  - vii) Procedure for writing letters collaboratively with other organizations
- b) Topics for letter writing emerge in reaction to newsworthy stories in the media (i.e. AED wants to respond to published stories/materials, join existing advocacy campaigns, communicate with companies or individuals) and AED may be asked to join other like-minded organizations by officially signing on to a letter in response to an emerging issue.
- c) In the identified scenarios, the ACC co-chairs communicate their desire to join with other organizations in response to the designated issue to the portfolio holder. In this request, the stated time frame for approval is communicated by the committee co-chairs (e.g., 48 hours) in order to respond efficiently to the issue at hand. If the portfolio holder thinks the collaboration may be appropriate, he/she will forward the suggestion to the President who decides whether or not to join the letter campaign. The portfolio holder communicates the President's decision to the Committee co-chairs, who will serve as liaisons to the organization(s) requesting collaboration. The co-chairs will be responsible for working with the relevant parties both within, and outside, of AED as applicable.

- d) Once the draft of the letter is approved by at least one co-chair, the draft is then sent to the portfolio holder for feedback and approval. After the portfolio holder approves the draft, the portfolio holder sends the final draft to the President for feedback and approval.
- e) The final version of the letter is then forwarded to the leader of the collaborating organization by the ACC co-chairs (or Portfolio in some circumstances) with any relevant instructions to the media liaison at AED headquarters. Coordination with the Electronic Media Committee and social Media Committee may also be appropriate. The Board of Directors is alerted to the fact that AED has officially collaborated in writing a letter with other organizations.
- f) The committee co-chairs inform the committee about any collaborative letter writing through the monthly conference calls. AED members may also be informed via the AED Online Community.
- g) The portfolio holder informs the Board about any collaborative letter writing through his/her monthly update.

## **MEDIA**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Policy**

Any member of the working press; i.e., a reporter, writer or editor with credentials from a newspaper, magazine or other general audience or specialized science or medical publication, news organization, radio or TV outlet, wire service or syndicate, may cover the AED annual International Conference on Eating Disorders. Credentials include: a recognized press card or a business card clearly showing media affiliation and position (such as writer, producer, etc.). Persons presenting proper credentials will have use of materials and press room space provided by AED. These people will receive a special badge indicating Press.

#### **1) Freelancers**

These writers must show a letter from a news organization indicating they are assigned to cover the meeting. Freelancers who wish to attend on a speculative basis should write in advance to the co-chairs of the Advocacy and Communications Committee requesting accreditation. If they register at the meeting, their accreditation will be determined on a case-by-case basis by the co-chairs of the Advocacy and Communications Committee and the co-chairs of the ICED Program Planning Committee. These people will receive a special badge indicating Press.

#### **2) Guests**

Information specialists from a government agency, academic institution or non-profit group not connected to a corporation who wish to attend but not work as a news-gatherer are welcome to register as a guest of AED. Credentials include a current business card clearly showing position (communications officer, editor, news director, etc.). These people will receive a special ribbon or badge indicating Guest. Spouses and other guests of journalists should register through the normal procedure and pay the registration fee.

#### **3) Who Cannot Register?**

Only reporters covering the meeting may register as Press. Publishers and representatives of sales, advertising or marketing departments of publications and broadcast outlets or representatives of public relations firms, special interest groups, advertising agencies or of



corporate public relations, advertising and marketing departments may not register as media, nor have use of materials and press room space. This rule applies to representatives of private, non-profit organizations affiliated with corporations. These individuals must register through the normal procedure and pay the registration fee.

#### 4) Press Resources

##### a) Scientist-Written Summaries

Summaries of presentations are requested of some ICED presenters as determined by the Advocacy and Communications Committee and or the ICED Program Planning Committee. These may serve as news releases and, along with material concerning AED, are mailed to the media (e.g., newspapers, TV stations, science magazines) at least ten days before the meeting.

##### b) Interviews

Authors of papers presented at the AED ICED Annual Meeting can be made available for interviews. Reporters should make requests for interviews through the co-chairs of the AED Advocacy and Communications Committee, who will then arrange for the interview.

##### c) Photography

At the annual ICED, photography and filming are permitted only after obtaining permission from the Advocacy and Communications Committee.

#### 5) Conflicts of Interest

a) In recent years, the number of partnerships between scientists and for-profit enterprises has grown rapidly. While these relationships MAY be of benefit, they have created new possibilities for conflicts of interest. The Advocacy and Communications Committee request disclosure of such partnerships before the meeting in order to prevent potentially embarrassing or unethical situations later on.

b) Potential speakers are asked to disclose the public and private sources of funding for the work described in their presentation and any financial interest they may have in connection with this research. This disclosure should include any association with a business in which he or she or a family member may have a consulting relationship, hold stock or similar ownership interest, or have any other financial interest. The intent of requesting this information is not to disqualify an individual but to shine a clear spotlight on their special interests.

#### 6) Embargoes

AED and ICED releases news-related information so that all members of the press have access to it at the same time. Authors of scientific papers are free to discuss their work with the press before presentation at the ICED Annual Meeting on the understanding that the embargo will be observed by the reporter.

#### 7) News Releases

All official news releases from the ICED Annual Meeting are prepared and released by Advocacy and Communications Committee.

## **PRESS RELEASE**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Policy**

The purpose of this policy is to outline the procedures for developing and issuing press releases. The Advocacy and Communications Committee (ACC) is in charge of drafting press releases and making sure that they are issued in a timely manner.

### **Procedure**

- 1) Topics for press releases
  - a) May come from within the organization (e.g., in response to noteworthy IJED article); or
  - b) May emerge in reaction to stories in the media (i.e., AED wants to respond to published stories/materials).
- 2) In the case of (a) (i.e., press release initiated from within AED),
  - a) Suggestions for press releases are sent by the ACC to the portfolio holder for initial review. If the Portfolio Holder thinks the press release may be appropriate, he/she will forward the suggestion to the President who decides whether or not a press release is desirable. The Portfolio Holder communicates this decision to the ACC co-chairs who will then identify a committee member to take the lead in drafting an approved press release. This person will work with the relevant parties within AED (e.g., the authors of a position paper).
  - b) The draft of the release is sent to the ACC co-chairs for feedback. The portfolio holder sends the final draft to the President for feedback and approval.
  - c) The final version is then forwarded by the lead author to the Communications Manager at AED headquarters for release, and the Board of Directors is alerted to the fact that a press release is about to come out.
- 3) In case of (b) (i.e., press release in response to newsworthy stories in the media)
  - a) A more rapid procedure is needed. As soon as a potential topic is brought to the ACC's attention, the committee co-chairs check with the President (cc'ing the Portfolio Holder) whether AED is willing to respond through a press release. In this request they state the envisaged timeframe of the release (e.g., 48 hours).

- b) If the President decides that a press release is desirable, the ACC co-chairs will identify a committee member to take the lead in drafting the press release within the envisaged timeframe (ccing Portfolio Holder). The draft is reviewed by at least one committee co-chair. The final draft is then forwarded to the President (ccing Portfolio Holder) for feedback and approval.
- c) The final version is then forwarded by the lead author to the Communications Manager at AED headquarters for release using the Newswise Platform.
- d) The committee co-chairs inform the ACC about any press releases via email as well as the co-chairs of the social Media Committee. They also work with the EMC to add the release to the website. AED members may also be notified via the online community
- e) The portfolio holder informs the Board about any press releases as soon as they are released.

## **USE OF THE ACADEMY FOR EATING DISORDER NAME AND LOGO**

### **Status of Document**

Date of review: July 2016

Revised/Created by: Elissa Myers/Dawn Gannon

Final version approved by the AED Board: July 21, 2017

Valid until amended.

Next review: July 2019

### **Purpose:**

The purpose of this policy is to outline the approved use of the Academy for Eating Disorder name and logo by non-AED entities and individuals.

### **Policy:**

The Academy for Eating Disorders (AED) name and logo are valuable brand assets and forms of intellectual property. Permission is required for all non-AED entities and individuals for the use of the AED name and logo in any form.

In general, the name and logo should only be used on materials created or sanctioned by the AED. Use of this intellectual property by third parties on materials for their individual use is not permitted without prior written approval.

The following uses will not be permitted:

- Any use of the name or logo suggesting or implying a certification or seal of approval for activities, services, facilities, and/or products
- Any use of the name or logo as a component of an organization's own logo, trademark or other branding elements
- Any use of the name or logo for the promotion or advertising of products, services, facilities and other activities intended to solicit business

### **Procedure:**

Requests to use the AED name and logo must be received by the AED at least 6 weeks in advance of use, in writing, and include:

- A sample of the document, indicating where on the sample document it/they would appear
- Details about the full document or website, including its publication name, context and purpose
- Planned publication and distribution date(s)

- The intended audience

The request will be presented to the Executive Committee for consideration, and if deemed necessary, to the entire Board of Directors for discussion. The AED will notify the requestor within a timely manner once a decision has been rendered.

If the request is approved, AED will provide the requestor with a document outlining the specific technical use requirements, such as that which appears in the AED Style Guide, and any electronic files necessary to ensure the use presents the AED in a positive manner, (e.g., the logo is clear, readable and free from pixilation).

## **AED ONLINE COMMUNITY, WEBSITE AND SOCIAL MEDIA OUTLETS PERTAINING TO GENERAL USE, POSTING AND ADVERTISING**

### Status of document

Date of Review: October 14, 2016

Proposed by: Kyle De Young

Final version approved by the AED Board:

Valid until amended.

Next review: October 2019 (three years)

### 1) Online Community

#### a) Purpose

To provide protected means of communication for AED members

#### b) Overview

i) The AED Community is primarily a private social network and contains the following features: general discussion forum, referral network, member directory, and virtual collaborative spaces for Special Interest Groups (SIGs) and committees. Some features may be available to the public (e.g., the referral network). The collaborative group spaces include the following features: SIG/Committee-specific discussion forums, collaborative file storage, and member lists.

ii) The general discussion forum is open to all current members of the AED. Members can control their notification preferences for posts to this forum in their AED Community Profile. They may receive instant email notifications, daily or weekly digest email notifications, or no notifications at all. Notification preferences are unrelated to one's ability to make a post to the forum.

iii) SIG and Committee collaborative spaces are open to those members belonging to those SIGs and committees. Any member may join a SIG at any time at any time by clicking on the "Join" button that is viewable in the SIG's page in the AED Community. Members should contact staff to be removed from a SIG. While any member can view SIG pages, only SIG members can contribute material and engage in discussions. Access to committee spaces is managed by AED staff that update permissions as members join and leave committees.

c) Thus, there are multiple discussion areas within the AED Community; each is meant to serve a different purpose dictated by its participants and audience.

- d) The general discussion forum should be used to
  - i) request information regarding referrals around the world,
  - ii) share important news regarding eating disorders, and
  - iii) in general, exchange information relevant to eating disorder treatment, research, prevention, and advocacy among members.
- e) In order to facilitate efficient and effective communication among members, appropriate categories for posts should be selected that describe what the post contains (e.g., referral request). Members can select email notification preferences for each category individually, tailoring the content about which they are regularly updated.
- f) The SIG and committee discussion forums should be used for the discussion of topics relevant to those specific causes and audiences. SIG members should keep in mind that their discussions are viewable by any AED member. Committee discussions are viewable only to those currently assigned access (i.e., current committee members and administrators).
- g) Rules for Discussion Forum Behavior
  - i) All posts are the sole responsibility of the sender and do not reflect the opinion of AED. Posts are not prescreened (i.e., it is an unmoderated discussion forum). However, the AED Community is monitored to ensure adherence to AED policy (see below), and any member may flag a post as “objectionable,” which will prompt its review.
  - ii) It is up to AED members to use best practice and professionalism when posting. Conversations should be professional and respectful.
  - iii) Responses to requests for referrals or recommendations for treatment centers should be sent back-channel (i.e., sent directly to the individual who requested the information rather than posted to the forum). This reduces email notifications to other members who did not request the information.
- h) The following are not permitted and will be considered misuse of the Community:
  - i) Promotion/advertisement for treatment centers, treatment providers, or commercial publications
  - ii) Profanity, personal attacks or inflammatory remarks
  - iii) Posting of identifiable patient information
  - iv) Content including political, religious and commercial material (an exception can be made for political content that directly affects association interests, e.g., bills before Congress)
  - v) Information about specific charges or fees for services
  - vi) Job postings (excluding training positions), which should be directed to AED’s Career Center
  - vii) Advertisements for office space rentals or inquiries seeking office space

- i) The following types of posts need prior approval by the AED to be posted:
  - i) Solicitations for conferences
  - ii) Solicitations for donations
  - iii) Research studies
- j) AED Community Oversight
  - i) Posts are subject to review by the Electronic Media Committee (EMC). Posts that are in disregard of this policy will be deleted as soon as AED Headquarters or the Electronic Media Committee become aware of the material, and violators will be notified with a warning. Members who violate these rules will receive up to three warnings from the AED and will be automatically suspended from the Community for a period of 6 months after three violations. Depending on the violation, removal may occur immediately and this is based on a case-by-case assessment. AED reserves the right to permanently remove members from the Community, and reinstatement will be reviewed by the AED. AED may override this policy in certain situations.
  - ii) It is not permissible to send derogatory or offensive messages to a member back-channel (whether through the community or any other means) in response to a post on the Community. Violations may be followed by suspension from the Community.
- k) Confidentiality of AED Community Material
  - i) The AED Community is confidential. It is in violation of AED policy to forward any posts to any medium outside of the Community (e.g., personal or professional blogs, social networking websites) without the approval of the AED. AED acknowledges that educational information gleaned from Community discussions may be used by its members in further communication with colleagues and/or patients. This should be conducted in the spirit of the Community's mission: "the exchange of information relevant to eating disorder treatment, research, prevention, and advocacy among members."

## 2) Website

### a) Purpose

The AED website ([aedweb.org](http://aedweb.org)) is the principal online representation of AED.

- a. **Oversight:** Taken in tandem with #1, all suggestions for changes to AED's web presence should go directly to staff who should consult with the EMC before implementing (i.e., going live). This excludes corrections of errors and regular updates/editions (e.g., updating the webpage listing current committee members; adding the latest press release documents). The EMC will be tasked with maintaining order, coherency, and consistency with AED's mission on the website and Community site. The EMC will also continue to enforce the policy governing member behavior in the AED Community, and they will take responsibility for holding other AED entities accountable for updating web content relating to their work when necessary.



- b. **Testing:** The Primary role of the EMC is to monitor the website and test new features/functionality – they be viewed as a focus group of AED members, before new features are implemented. This means conference registrations systems, new search features, mobile apps, would be vetted by them before being available to the broader membership and public.
- b) Maintenance  
The AED website is maintained by the AED Staff with the oversight of the Electronic Media Committee and the assistance of many other AED committees. The staff has responsibility for implementing changes to the website and AED Community. The Electronic Media Committee will also make suggestions to the AED BoD periodically as to the need of updates.
- c) Use of Online Material  
The content on the AED website, as well as written materials (e.g., Medical Care Task Force Guidelines) are the copyrighted property of AED. Some pages may be explicitly marked for permitted download as the viewer wishes. Anyone wishing to use other material, that is, material not specifically marked for download in any format (reprinting, photocopying, etc.) for any purpose is required to obtain permission to do so from the AED board of directors with a written request sent to the board member who is the Director for Communication, whose name and contact information can be found at the AED website at <http://www.aedweb.org/index.php/about-aed/about-forum-2/leadership>. Materials that are used cannot be altered in any way. Once permission is granted, any material used requires a full credit citation listing the source. This listing should indicate the material is copyrighted by and reprinted with permission from AED in the following way:

“This material is copyrighted and reprinted with permission from  
the Academy for Eating Disorders.”
- d) The AED website also hosts videos or links to videos that in general are meant to be educational. Those videos are copyrighted and are not to be copied or reproduced without written permission.
- e) The AED website includes the AED Events Calendar  
This calendar is dedicated to events that relate to primarily eating disorder education and professional training. Submission of events is accomplished by emailing [aedonline@aedweb.org](mailto:aedonline@aedweb.org).
- f) With each update and revision of the AED website there will be added functionality and interactive content. New policies will be developed with each website revision and may be in place even prior to posting on this page.

### 3) Social Media Outlets

#### a) Purpose

With increasingly online-oriented social interactions, AED uses social media outlets to promote its mission and distribute information to eating disorder professionals and the public.

#### b) Social Media Outlet Oversight and Maintenance

The Social Media Committee (SMC) is in charge of identifying information from various sources that is appropriate to post on sites such as: Facebook, LinkedIn Twitter, and the AED Community. The Committee works closely with the Advocacy and Communications Committee (ACC) to facilitate the propagation of information and considers information provided by all AED entities.

“Social media outlets” include the AED Community, which is a mostly private social media platform. The Social Media Committee is responsible for engaging our membership with pertinent material much the way they already engage members over other platforms and the public broadly.

#### c) Procedures

The AED Social Media Committee is the primary entity to post messages from within AED on the AED sanctioned pages on social media outlets such Facebook, Twitter, LinkedIn, etc. The other AED committees are encouraged to provide the Social Media Committee with topics to post.

i) In the case of any press release issued by AED, this will be posted on all sites immediately upon release.

ii) In the case of when the ACC would like to use social media to issue information, the chairs of each committee will communicate with each other, then with members of their own committees about how to proceed and formulate such a statement.

iii) In the case of the Social Media Committee planning to post about a potentially controversial topic, members of the committee will communicate via e-mail or on conference calls and decide whether or not to post the item. The Social Media Committee may post the topic, but in some instances may request feedback from the portfolio holder or the AED BoDs.

d) Day-to-day posting and sharing of content should be accomplished using best practices and guided by the AED’s mission.

e) In some cases, the Social Media Committee may cross-post onto the discussion forum in the AED Community to specifically target the membership with messaging.

### 4) Advertising on the AED Website and Online Community

#### a) Purpose

The purpose of this policy is to outline the process for accepting and maintaining postings on the Academy for Eating Disorders website and the AED Community including: advertisements for research studies, conferences sponsored by other organizations, links to other websites, and other postings.

b) Job Postings

- i) Advertisements for open job positions are to be submitted to the AED Career center (aedweb.org) and are subject to fees. Similarly, individuals seeking employment are to go to the AED job board to search for advertised positions.
- ii) An exception is job postings for trainee positions (e.g., post-docs). They are free for AED members to post. Submit such posting requests to info@aedweb.org.

c) Research Study Recruitment

Research study recruitment is free on the AED Community for members, but non-members are subjected to paying a fee to AED for this service. Submit such posting requests to info@aedweb.org.

Research Recruitment Posting Procedure

- i) All requests must be approved by AED's Electronic Media Committee (Forward all necessary information to info@aedweb.org). Studies must have direct relevance to eating and/or weight-related disorders.
- ii) All requests for research recruitment advertisement must be accompanied by human subjects or ethics committee approval, study abstract, author list (which must include an Academy member), and the proposed text of the posting.
- iii) Postings are free of charge for AED members, and \$75 for non-members. Postings will also be placed on the website where they remain for 6 months.
- iv) Upon approval, the member advertising his/her study should make the post on the Community personality. This post has to be started with “\*\*\*This message was approved for posting by the AED Electronic Media Committee\*\*\*”.

d) Announcements about Treatment Centers

We currently do not allow advertising for treatment centers or other entities on the Community or website. However, this policy may change at any time if the AED Board of Directors was to decide so and a fee schedule would be established.

e) Form of Advertising

The form and outline of the various advertising activities are subject to change. That is, the AED management company together with the Electronic Media Committee on a regular basis reviews the best ways to present ads and will inform interested parties how to submit their ads. Submit any posting requests to info@aedweb.org.

f) Event Announcements

Updates on activities, initiatives and events can be submitted to the AED Events Calendar for posting and one discussion forum message can be posted that promotes

the event. Additional postings may be granted but need approval from the Electronic Media Committee. This service is free. Submit such posting requests to [aedonline@aedweb.org](mailto:aedonline@aedweb.org).

g) Discussion Forum Advertising

The discussion forums are not to be used for any commercial advertising including books written by an AED member. AED promotes new books by AED members through a dedicated page on the website and periodically will make general announcements about new books by AED members. That service is free, but the availability is not always guaranteed.

h) Other

All other submissions such as updates from individuals or private organizations, links to personal web-pages of particular individuals, and commercial advertisements, are subject to review by the relevant board portfolio holders and the AED BoD prior to acceptance for inclusion and determination of whether advertising fees are indicated. Submit such posting requests to [info@aedweb.org](mailto:info@aedweb.org).

## ADVISORY BOARD

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### Contents

- 1) Role and Responsibilities of the Advisory Board
- 2) Functions of the Advisory Board
- 3) Membership of the Advisory Board
- 4) Structure of the Advisory Board
- 5) Meetings
- 6) Amendments

#### 1) Role and Responsibilities of the Advisory Board

- a) The *Advisory Board* of the Academy for Eating Disorders (AED) is an unincorporated, voluntary service committee of the AED.
- b) Global community and financial support are necessary to ensure the continued growth and development of the AED in its pursuit of its vision, mission, and goals. This support can best be garnered from well-informed, interested individuals who feel a commitment to the goals of the AED.
- c) The AED's Advisory Board will provide an opportunity for key individuals to become more involved with the leadership and planning processes in the AED, with the aim of increasing those individuals' interest in:
  - i) Providing major financial support
  - ii) Promoting the AED globally
  - iii) Working on advocacy and legislation about eating disorders, and
  - iv) Providing assistance and advice in soliciting other gifts/contributions to the AED.
- d) Liability
  - i) Members of the AED's nonprofit, volunteer Advisory Board have the responsibility to represent the mission, strategic aims and interests of the AED in a diligent, attentive, and informed manner. No board member shall use his or her position, or the knowledge gained therefrom, in such a manner that causes a conflict between the interest of the AED and his or her personal interests. In this volunteer capacity, board members cannot be held liable for the financial obligations of the AED.

## 2) Functions of the Advisory Board

- a) The primary purpose of the AED Advisory Board will be:
  - i) To use its members' influence and resources to further the goals of the AED,
  - ii) Advise on specific questions/needs within the AED, and
  - iii) Act as a sounding board for potential objectives and priorities of the Board and the AED's leadership.
- b) The major goal of the AED Advisory Board is to support the AED's programs in specific ways, as outlined in the objectives (below), via the organization of a core group of volunteers interested in the AED.
- c) The objectives of the Advisory Board are to:
  - i) Support the mission of the AED and its strategic plans.
  - ii) Advise on policies of the AED related to fundraising.
  - iii) Advise on policies of the AED related to public relations, education, communications and advocacy.
  - iv) Advise on ways for the AED to strengthen ties with the business community globally.
  - v) Increase awareness and interest of the AED through ambassadorship on behalf of the AED.
  - vi) Work with regional, national and global organizations and governing bodies that are working to increase funding for eating disorder research and education
  - vii) Assist in locating sources of financial support for the AED

## 3) Membership of the Advisory Board

- a) Members of the Advisory Board will be selected on the basis of demonstrated leadership skills, personal interest in eating disorders and related areas, and a desire to support the highest quality treatment, research, and education into the causes, consequences, treatment, and prevention of eating disorders.
- b) Membership will not exceed 25 individuals. The membership will reflect a broad geographical base, skill set and cultural background.
- c) Members of the Advisory Board shall be appointed for a one-year period in the first instance, extended to three years at the discretion of the chair of the Advisory Board. The term of members shall be staggered so that approximately one-third of the terms shall be subject to reappointment or retirement each fiscal year. Prior to the end of the year, the Chairperson of the Advisory Board (in consultation with the AED President-elect) may offer to reappoint a member for a single additional 3-year term.
- d) Appointment Process
  - i) Candidates can be nominated by Advisory Board members or AED Board members.
  - ii) Those nominations are submitted to the Chair of the Advisory Board, along with a case for how that individual will enhance the Advisory Board in its mission and a brief biography in support.
  - iii) The Chair of the Advisory Board will seek approval from the AED President, which will be provided in a timely fashion. That approval will be given verbally, and then in writing by the President. At the point where verbal approval is given, the Chair of the Advisory Board shall inform the nominee verbally (and subsequently in writing)

that they have been approved as a member.

e) Leaving the Advisory Board

- i) A member may resign at any time by letter to the Advisory Board Chairperson.
- ii) The President-Elect (in consultation with the Chairperson of the Advisory Board) may deem a member to have left the Advisory Board if she or he has failed to attend three consecutive meetings (in person or telecoms), unless a valid reason is given. Any vacancy that occurs shall be filled for the balance of the unexpired term in the manner specified above.

4) Structure of the Advisory Board

- a) The officers of the Advisory Board shall consist of a Chairperson and an Executive Secretary. The AED President has a standing invitation to attend if she/he feels it is appropriate, in order to provide continuity of linkage to the AED Board. Operational assistance shall be provided by the Executive Director of the AED.
- b) The Chairperson shall be nominated by a majority vote of the Advisory Board. This nomination accompanied by the nominee's CV shall be forwarded to the AED President and then approved by majority vote of the AED Board of Directors. The term of the Advisory Board Chair is 3 years.
- c) The Executive Secretary responsibilities are filled by the President-elect of the AED Board of Directors. As such, the term of the Executive Secretary is from one AED annual business meeting to the next annual business meeting (approximately one year).
- d) Subcommittees
  - i) Subcommittees will be convened as necessary, for specific purposes (e.g., advocacy, public relations, education, and fundraising) and specified durations of time (renewable if necessary).
  - ii) A subcommittee will consist of up to five advisory board members, one of whom shall chair the subcommittee. The subcommittee members are appointed by the Advisory Board Chairperson, in consultation with the Executive Secretary and the subcommittee Chairperson. The subcommittee will meet via teleconferencing or at a time and location agreed upon by the members. When necessary, the Board Chairperson and the President-Elect of the AED Board of Directors may participate in subcommittee meetings.
- e) Both Advisory Board subcommittees and AED committees may focus on similar topics. In this case, a liaison between the respective committees should be established. It is the task of the President-elect of the AED board and the Chair of the Advisory Board to establish such liaisons (e.g., Finance subcommittee chairperson and AED Treasurer).

5) Meetings

- a) The PCC will meet in person once a year and at least nine additional times per year by teleconference. Dates will be set by the Committee Chairs. Meetings will be announced by the Executive Secretary well in advance of the actual dates. Board members are asked to confirm attendance.

- b) Thirty percent (30%) of the Board shall constitute a quorum at any meeting. The vote of a majority of board members present at a meeting shall constitute the decision and actions of the entire Board membership. Any vote by email shall require 100% participation, and a simple majority will carry that email vote.

6) Amendments

- a) This Policy may be amended, enlarged or repealed by a majority of the AED Board of Directors. Motions to amend this Policy will be reviewed and studied by the Advisory Board and by the members of the executive committee of the AED Board of Directors.
- b) Amendments may be made on the initiative of the Advisory Board Officers, Subcommittee Chairs, or in response to suggestions to or by members of the Advisory Board or AED Board of Directors.



## **PATIENT-CARER COMMITTEE**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

The full integration of the experience, wisdom, and knowledge of patients and carers results in the highest quality eating disorders research, treatment, education, and prevention, which aligns with the mission of the AED. The objective of the Patient-Carer Committee (PCC) is to foster this integration throughout AED programs and services. The PCC's approach to implementation will be three-pronged:

- 1) To develop and/or maintain collaborative outreach and communication channels with key patient-carer communities world-wide to gain knowledge about regional and universal needs, views, and perspectives;
- 2) To develop and/or maintain channels within AED committees, programs, and services to foster the ongoing integration of regional and universal patient-carers needs, views, and perspectives;
- 3) To foster communication/dialogue with AED members who are also members of the patient-carer community to identify their unique needs, views, and perspectives and to facilitate the integration of their experience in to the larger AED community.

The functions of the committee will include:

- 1) Identifying a PCC representative to serve on the annual ICED Scientific Program Committee;
- 2) Contributing a regular column in the AED Forum that provides models and/or special issues related to the effective integration of research, clinical practice, and the patient-carer perspective;
- 3) Ensuring patient-carer input/involvement/review of all AED activities and services. This may occur on an advisory basis, via active committee membership, or simply via review of products and services;
- 4) Ongoing collaboration and communication with key patient/carers-related organizations, groups, and individuals world-wide;

- 5) Ongoing collaboration and communication with AED committees, task forces, and work groups, to assist in the dissemination or promotion of special projects to the patient-carer community;
- 6) Providing regular reports to the Board of Directors on key developments in the global and AED patient-carer community.

## **Policies and Procedures**

- 1) The PCC will meet via teleconference at least once per month throughout the year.
- 2) Members of the PCC:
  - a. Must be an eating disorder patient or caregiver
  - b. Must have the ability to attend monthly one-hour PCC telecons and to carry out regular committee-related responsibilities including but not limited to communication with collaborative partners outside and within the AED, writing and emailing reports and updates, performing tasks necessary to stay up-to-date on patient-carer needs and perspectives in assigned areas, contributing (as needed) to a monthly Forum column, and serving as a liaison to various AED committees and groups.
  - c. Willingness and ability to serve a 3-year term.
- 3) Preference may be given to those candidates with:
  - a. Demonstrated involvement or background as an advocate, leader, representative, or spokesperson of a key regional or global eating disorder patient-carer organization, group, or community;
  - b. Demonstrated ability to foster and maintain collaborative relationships with other key stakeholder groups and individuals;
- 4) The PCC will identify and recommend a representative to serve as liaison to each Annual ICED Scientific Program Committee.

## **FRIENDS OF AED**

### **Status of Document**

Date of Draft: September 16, 2015

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### **Purpose**

To create a fee-based, organizational Membership Category for non-professional eating disorder stakeholder organizations. These organizations will be known as 'Friends of the AED.' (FO) Each member organization shall assign a representative to sit on a 'Friends' Advisory Council, which shall report to the AED Patient-Carer Committee (PCC).

### **Background**

- 1) The current model in place for 'affiliate' and 'partner' organizations excludes non-professional groups from applying for membership. The following policy addresses the desire of the AED to create an 'affiliate' relationship for non-professional stakeholder organizations in the eating disorder field.
- 2) Relevant Objective from the 2016-17 AED Strategic Plan: To improve our two-way communication with Patients and Patient-Carers in order to ensure that the Patient's voice is heard in the quest to find effective therapies, earlier diagnosis, and long-term/permanent recovery.
- 3) AED Patient-Carer Committee Mission Statement Purpose: The full integration of the experience, wisdom, and knowledge of patients and carers results in the highest quality eating disorders research, treatment, education, and prevention, which aligns with the mission of the AED.
- 4) The objective of the Patient-Carer Committee (PCC) is to foster this integration throughout AED programs and services. The PCC's approach to implementation will be three-pronged:
  - a) By developing and/or maintaining collaborative outreach and communication channels with key patient-carer communities world-wide to gain knowledge about regional and universal needs, views, and perspectives
  - b) By developing and/or maintaining channels within AED committees, programs, and services to foster the ongoing integration of regional and universal patient-carers needs, views, and perspectives
  - c) To foster communication/dialogue with AED members who are also members of the patient carer community to identify their unique needs, views, and perspectives and to facilitate the integration of their experience in to the larger AED community."

- 5) Organizational Objectives
  - a) To acknowledge the work of non-professional stakeholder organizations in the eating disorder field, and to promote the mission and goals of stakeholder organizations whose values and goals align with those of the AED.
  - b) To define an organizational structure with clear lines of communication between the AED Board of Directors, AED Committees, Advisory Boards, and non-professional stakeholder organizations which will provide volunteer roles for non-professional AED members through which they can represent the concerns, lived experience, and perspectives of patients and carers.
- 6) Strategic Objectives
  - a) To disseminate the work of the AED through collaborations with stakeholder organizations who can promote AED initiatives and accomplishments to a non-professional audience.
  - b) To increase the impact of the AED through mutually beneficial partnership initiatives that effectively leverages the strengths and resources of multiple organizations.
- 7) Membership Structure and Benefits
  - a) An Annual Fee, to be paid by the 'Friends' Organization (FO), will include two individual memberships (currently \$250 per membership per year). The FO's leadership will then decide who will represent them from year to year.
  - b) Friends Organizations will qualify for a 50% discount off the standard exhibition booth rate for the annual ICED.
  - c) Registered FO Leaders will form a 'Friends' Advisory Council which will meet two times annually, by telecom, and which will report directly to the AED Patient-Carer Committee (PCC). This council will designate one Carer and one Patient representative to serve on the PCC committee.
  - d) Each FO will list AED on their website and promote AED events and initiatives of interest to their membership, and vice-versa.
  - e) Each FO will participate in an annual survey of their membership in order to identify important issues, priorities and concerns within the stakeholder community. This survey will be created by the AED's PCC in collaboration with other relevant AED committees, approved by the AED Board, and updated each year.
- 8) Primary Eligibility Criteria
  - a) To be eligible for "Friends of the AED" membership, the applicant organization must:
    - i) Be an organization with a predominantly non-professional membership comprising persons with eating disorders, patient-carers, and other ED community advocates OR an organization dedicated to lobbying for advances in ED research, improved access to ED treatment and/or providing peer support for individuals with eating disorders and/or their carers.
    - ii) Have a stated mission and goals compatible with those of the AED (i.e. to generate knowledge and integrate collective expertise about eating disorders; to provide

platforms for the promotion of understanding and sharing of knowledge in the field of eating disorders).

- iii) Have legal status as a charitable organization OR have a well-defined organizational structure such as a Board of Directors, a Leadership Committee or other governing body.
- iv) Have in place by-laws or similar written governance policies outlining leadership roles and responsibilities, gift acceptance, and fiscal oversight.
- v) Have been in existence for at least two years at the time of application.
- vi) Have the ability to communicate with their members, through bulk email, in a manner that satisfies opt-in/opt-out and anti-spam regulations.
- vii) Not originate within the AED.

#### 9) Additional Considerations

- a) 'Friend of the AED' applicants may also face regular evaluation based on the following questions:
  - i) Has the organization demonstrated progress towards their stated mission and goals?
  - ii) Has the organization maintained a consistent message in communications with the AED, the public and their membership?
  - iii) Has the organization demonstrated that they can work collaboratively with other organizations?

#### 10) Advantages of a Fee-Based Membership Model

- a) Friends Organization (FO) leaders represent the interests of their organization's membership and their recruitment as AED Members is valuable for the strategic objectives of the AED.
- b) Some FOs already budget for individual AED memberships for their leaders and/or exhibition tables at ICED. Thus, the proposed fee-based structure will formalize an existing practice and create an incentive for more stakeholder organizations to join the AED.
- c) A fee-based structure circumvents several of the anticipated problems of an affiliate designation including: a. the creation of an overly large and cumbersome council of organizations with too many voices vying for individual recognition b. diluting the authority of the AED PCC to choose their own members, and c. weakening the AED reporting structure, by having two groups with overlapping goals & interests.
- d) An organizational membership category is in line with the Patient-Carer Committee's goals to:
  - i) offer reduced stakeholder membership rates (3 for the price of 2),
  - ii) allow unaffiliated individuals to join the PCC or other committees through the standard committee selection process,
  - iii) maintain an ICED PCC scholarship program, which will have a wider pool of available applicants due to increased Patient-Carer membership through the FO member category.

- e) A membership category model offers an incentive for FO's to exhibit at and bring additional members to ICED, as the exhibit booth fees already include one free, and additional discounted registration fees for FO leaders and exhibit staff.
- f) Individuals who are not FO leaders may still join the AED as individuals, and will have an incentive to get involved in the leadership of their favorite FO, in order to have an opportunity to represent those FO's on the Friends Council or the PCC.
- g) Provides a structure for new AED advocate members to find roles within the AED and encourages a greater diversity of representation from the stakeholder community.

## AWARDS AND SCIENTIFIC REVIEW COMMITTEE

### Status of Document

Date of Draft: September 11, 2015

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### Purpose:

The purpose of this policy is to outline the procedures to be following in collecting, accepting, reviewing and granting AED fellowships, grants and scholarships, which are normally conferred at the International Conference on Eating Disorders.

### Policy:

The Academy issues a call for applications for fellowships, grants and scholarships, generally from October 1 – November 15<sup>th</sup> annually. The applications are then reviewed by the Awards and Scientific Review Committee, and awardees are chosen based on the individual requirements of each separate award.

Award recipients are expected to use funds in the year they are awarded, but deferrals due to unforeseen circumstances will be considered on a case-by-case basis. Upon selection of awardees, award announcements will be embargoed for 15 days. Awardees are required to confirm their acceptance within 10 calendar days, giving the committee 5 additional days to find a replacement awardee if necessary. This will apply to:

- Clinician Scholarship
- Student Early Career Investigator Travel Fellowship
- Scholarships for People from Low Income Countries
- Patient-Carer Representative Scholarship

Awards are limited to: a) individuals who have never won the award; and b) individuals who won the award once in the past, but not in the year immediately prior to the current application. As a result of this criterion, individuals would be eligible to win each award twice, but not twice-in-a-row.

The Academy offers a number of AED-sponsored fellowships, grants and scholarships, and manages the process for specifically-named awards supported by outside organizations or individuals. Current fellowships, grants and scholarships include:

- 1) TJ's Fund for Biological Research of Eating Disorders

a) Purpose

- i) The purpose of this policy is to outline the grant submission and review procedures for TJ's Fund for Biological Research of Eating Disorders (TJ's Fund). The purpose of TJ's Fund is to support biological research in anorexia nervosa or bulimia nervosa.

b) Policy

- i) The AED Awards and Scientific Review Committee will solicit and review grant applications for TJ's Fund. The award amount may vary across years, but all grants must be used to support biological research in anorexia nervosa or bulimia nervosa. Project duration is one year. Importantly, all submissions must explicitly address how the proposed research will ultimately contribute to improved treatments for the disorders. Applications that do not meet these requirements will not be considered for funding. The funding can be requested once the primary investigator has received institutional review board (IRB) or research ethics board (REB) approval for the proposed research.
- ii) Grantees will be honored each year during the Awards Ceremony at the AED Awards Ceremony at ICED. Grantees are encouraged (but not required) to attend the Awards Ceremony and annual meeting. Grantees will be required to acknowledge the grant in presentations and publications emanating from the research and to provide 6, 12, and 24 month post-award updates to the AED Awards and Scientific Review Committee on research progress.

c) Procedures

i) Eligibility:

- (1) The project Principal Investigator must hold a post-graduate degree in a medical, mental health, or related field. Students and other trainees (e.g., postdoctoral fellows, medical residents) are not eligible for the grant. Principal investigators may be at any stage of their career, including new investigators, mid-career investigators, and senior investigators.
- (2) Applications are welcomed from investigators from around the globe and are not limited to any one geographic region. However, eligibility is limited to investigators who are employed at not-for-profit institutions.

ii) Application Materials:

- (1) Principal investigators will submit the following materials:
  - (a) AED Common Application form
  - (b) current Curriculum Vita
  - (c) 250-word maximum Project Abstract that describes the background literature, project aims, methods, and likely significance of the study findings
  - (d) three-page, single-spaced Research Plan that includes the following information in the specified order. Please note that pilot data are not required or expected for this small grant program. However, if such data are available, they should be included in Section 3, Project Feasibility
    - (i) Specific Aims



- (ii) Background Literature
- (iii) Project Feasibility, including institutional factors that attest to the feasibility and likely successful completion of the study
- (iv) Methods
- (v) Project Timeline for the one-year project duration
- (vi) Significance, including how the proposed work will contribute to improved treatments for eating disorders.
- (vii) A detailed Project Budget that includes the following categories of expenses:
  1. Personnel. Note that grant funds cannot be used to support the salary or travel of Principal investigators. However, salary for key project staff (e.g., interviewers, technicians) is allowed.
  2. Equipment
  3. Participant Costs (e.g., participant compensation)
  4. Materials and Supplies

iii) Review Process:

- (1) All applications initially will be reviewed by the AED Awards and Scientific Review Committee, which will include:
  - (a) an initial screening of the grant's fit with criteria outlined above;
  - (b) review of grant materials; and
  - (c) rank-ordering of the top five applications
- (2) All grants, and the rank ordered list of applications, will then be sent electronically to the parents of TJ (Mr. Thomas Warschefsky and Ms. Susan Barry) for review. A minimum of 2 weeks will be allowed for these grant reviews. Mr. Warschefsky and Ms. Barry will then approve/disapprove the rank ordered list. If the list is approved, the AED Awards and Scientific Review Committee and the AED head office will notify the grantee.
- (3) If the list is not approved, a teleconference will be held between the Chair(s) of the AED Awards and Scientific Review Committee, Mr. Thomas Warschefsky, and Ms. Susan Barry to discuss the concerns. A decision will be made at the end of the meeting as to whether the original rank-ordered list is approved, or if the AED Awards and Scientific Review Committee needs to re-consider the rank-ordered list. If a re-consideration is deemed appropriate, the applications in question will be re-reviewed by the AED Awards and Scientific Review Committee and the Review Process outlined above will be repeated until a rank-ordered list is approved.

iv) Award Procedures

- (1) The Chair of the AED Awards and Scientific Review Committee will notify the grantee
- (2) The funds can be requested from AED once the grantee provides confirmation of IRB/REB approval

- (3) Prior to the dispersion of the funds, the recipient must provide a thank you letter to Mr. Thomas Warschefsky and Ms. Susan Barry on a template provided by the AED. The thank you letter will be submitted to the AED staff and the committee-co chairs, reviewed, and forwarded to the donor.
  - (4) The one year timeline will begin once IRB/REB approval is obtained
  - (5) The awardee and grant title will be announced during the Awards Ceremony that takes place during the AED International Conference on Eating Disorders
- v) Post-Award Procedures
- (1) Grantees are expected to present findings from the research that was funded by TJ's Fund at scientific meetings or in peer-reviewed journals
  - (2) Grantees must include the following acknowledgement in all presentations and published papers emanating from the work: *This project was supported by TJ's Fund for Biological Research of Eating Disorders*
  - (3) Grantees must submit a progress report to the AED Awards and Scientific Review Committee at 6, 12 and 24 months after the funds have been administered. The progress report should be no longer than 2-pages in length
    - (a) 6-month report will include a brief summary addressing achievements and progress against the aims of their research, including a summary of all findings to date
    - (b) As the duration of the funded project is one year, a 12-month report will include a description of the work completed and the work remaining to be done. The expectation is that most of the work will be completed during the one-year funding period
    - (c) 24-month report will include a summary of research findings, and citations for all presentations and published papers that have emanated from the work
      - (i) All reports should be submitted electronically to AED headquarters.
      - (ii) Awardees are encouraged to attend the AED ICED Annual Meeting, where they can present their research findings (the Annual Meeting following the first-year of funding) and be honored during the AED Awards Ceremony
      - (iii) The Warchefsky family receives updates twice a year

## 2) AED Student Research Grant

a) Purpose

- i) The purpose of this policy is to outline the procedures for nominating and selecting AED student members for the AED Student Research Award. The purpose of the award is to support innovative and cutting-edge research conducted by student members of the AED.

b) Policy

- i) The AED Awards and Scientific Review Committee will solicit and review applications for the award. Nominees must be student members of the AED. AED student members must be full-time students in a degree program, or physicians-in-training with interest and involvement in the field of eating and related disorders. Postdoctoral trainees and residents do not qualify for this membership category or the AED Student Research Grant Program. In the same year, nominees may apply for a student research grant or an AED travel fellowship, but not both. However, students are encouraged to apply for these programs in different calendar years in order to further support their research program, professional growth and travel to conferences.
- ii) The AED Student Research Grant funds can be used to support research conducted by the student, including (but not limited to) participant payments, support staff salaries, and costs related to study assessments and/or database management. However, funds may not be used for travel or stipend/salary support for the awardee.
- iii) Awardees will be honored each year during the Awards Ceremony at the AED annual meeting. Awardees are encouraged (but not required) to attend the ceremony and annual meeting. Awardees will be required to acknowledge the award in presentations and publications emanating from the research.

c) Procedures

i) Nominations Procedures

- (1) The AED Awards and Scientific Review Committee will publish the call for nominations on-line via the AED Forum, AED online community, AED website, and e-mail to AED members. The call will make it clear that in the same calendar year, nominees can apply for either an AED Student Research Grant or an AED travel fellowship (including fellowships from AED Partner, Chapter, and Affiliate organizations), but not both
- (2) Advisors/supervisors who are members of the AED will be invited to nominate a student who fulfills the criteria outlined below. The nominator will be responsible for writing a nomination letter, no longer than 500 words in length, that comments on the nominee's research plan, his/her potential as a researcher, and the potential for successful completion of the proposed project
- (3) The Nominee, who must be a student member of the AED at the time of nomination, will be responsible for:

- (a) Submitting a maximum two-page, single-spaced research plan that outlines the specific aims of the project, the background literature, the study procedure and methods, the timeline for completion, and how the funds will be used for the research. Nominees are encouraged to provide a brief statement indicating whether the research fulfills a degree requirement (e.g., is a thesis or dissertation). NOTE: the information on whether the research is for a degree is not a requirement, but is helpful information for the review committee
  - (b) Submitting a current CV
  - (c) Submitting a budget for the AED grant funds that lists materials and other items and their costs
  - (d) Acquiring one additional letter of support from a faculty member from the nominee's institution or in the eating disorders field. This letter should be no longer than 500 words and should address the importance of the nominee's research to the field and the nominee's contributions to this work
- (4) The student will be encouraged to attend the annual meeting to receive the research funds
- (5) Applications are accepted annually from October 1 – November 15.
- ii) Review Procedures
  - (1) All applications will be reviewed by the AED Awards and Scientific Review Committee, which will include:
  - (2) an initial screening of nominees' fit with criteria outlined above;
  - (3) a review of application materials (letters of nomination and support, applicant's research plan, and CV);
  - (4) consideration of issues of diversity in terms of applicants from different geographic regions and varied scientific content areas;
  - (5) a ranking of the applications; and
  - (6) selection of the awardee(s), balancing both the application rankings and diversity considerations.
- iii) Post-Award Procedures
  - (1) Awardees are expected to publish findings from the research that was funded by this award
  - (2) Awardees must include the following acknowledgement in all presentations and published papers emanating from the work:  
*This project was partially supported by a Student Research award from the Academy for Eating Disorders (AED).*

### 3) Student/Early Career Investigator Travel Fellowship

- a) The AED/Student/Early Career Investigator Travel fellowship program is AED-funded.
- b) Up to seven fellowships in the amount of \$1500 each will be awarded annually. To be considered for the fellowship program, candidates need to complete an online

application and submit to AED headquarters (i) a brief statement describing the applicant's career goals and how the fellowship will further these goals, (ii) either documentation of current training status as a graduate student, post-doctoral fellow or resident in a field of study of relevance to the understanding or treatment/prevention of eating disorders, or proof that they have held an academic appointment no more than three years post training, (iii) an abstract describing original research of the candidate to be presented at a special session during the AED conference (undergraduate students are exempt from this requirement), (iv) two letters of endorsement, and (v) a CV.

- c) Successful candidates will have a demonstrated interest in research in eating disorders, show promise as researchers, meet the eligibility criteria regarding trainee status, and will have submitted an abstract for the AED conference (undergraduate trainees are exempt from this requirement). All applications are reviewed by members of the AED Awards and Scientific Review Committee.
- d) The Fellowship awards come with a travel stipend of \$1,500 to defray the costs of conference fees, travel, and hotel accommodations. Also, in some years the stipend may be reduced to fund more fellows or increased, depending on meeting location, to provide a reasonable level of support for fellows to attend the meeting.
- e) In addition to the travel stipend, Fellows are invited to attend the AED Research Training day that is held concurrently with the AED Clinical Teaching Day during the annual conference. The AED assumes the administrative expenses arising from notifying applicants, inviting faculty, compensating faculty, paying the fellow their stipends, and preparing the teaching day materials (e.g., copying hand-outs, roster of attendees; program). Headquarters is responsible for ensuring that appropriate space is available for these activities and for the provision of meals for participants. The AED Awards and Scientific Review Committee is responsible for selecting AED members as presenters during the Research Training Day.

#### 4) AED Travel Scholarships

##### a) AED Clinician Scholarship Program

- i) The AED sponsors a Clinician Scholarship Program to help defray Annual Meeting costs for clinicians and educators who otherwise might not be able to afford conference fees. This scholarship program is AED-funded. Up to five scholarships of \$1,500 are awarded to defray the costs of conference fees, travel, and hotel accommodations. Headquarters publicizes the scholarship program, collects applications, forwards them to the AED Awards and Scientific Review Committee, and takes care of the administrative aspects of the program. This includes notifying recipients, issuing payments, and keeping records.
- ii) The intent of this scholarship program is to provide the applicant with knowledge and skills that will then be disseminated by the applicant in his/her community. Applicants must be AED members, or a membership application must be submitted with the scholarship application. In accordance with the goals of the program, the applicant's work environment and ability to disseminate information obtained at the meeting will be strongly considered. Preference is given to members of

underrepresented groups and to individuals working in developing areas. As the intent of the scholarship is to provide both educational opportunities and opportunities to meet and establish contacts with other clinicians, educators and researchers, applicants are strongly encouraged to register for workshops and to attend all the social events during the conference.

- iii) To be considered for the Clinician Scholarship Program, candidates need to
  - (1) complete an online application and submit to AED Headquarters;
  - (2) a statement (500 words or less) describing the candidate's interests and current work in eating disorders, and including a description of the community in which they practice and their goals for attending the conference. A detailed and specific plan for dissemination of the knowledge/skills gained at the conference is also required. Candidates are also asked to highlight any special or unusual circumstances that they would like considered in evaluating their application;
  - (3) CV (all academic degrees, appointments/employment history, teaching activities, community activities, references for any publications or presentations at scientific meetings);
  - (4) two letters of recommendation from professional associates; and
  - (5) a letter indicating that there is a source of funding for the costs that are not covered by the scholarship.
- iv) Award recipients will be informed prior to the meeting of their award status, although award checks will be issued on-site at the conference.

5) AED Scholarships for People from Low Income Countries

- a) The purpose of the program is to support people from low income countries or those underrepresented in AED to attend the International Conference on Eating Disorders. Annually, the AED will award five travel scholarships of \$1500 and a free conference registration to each of the awardees from countries categorized by the World Bank as low and lower-middle income.
- b) To be considered for the Scholarships for People with Low Income Countries, applicants must submit the following:
  - i) an AED common application;
  - ii) a personal statement of no more than two pages describing their interests, current work in eating disorders, the monetary and political issues in their country that make travel difficult to the annual conference and a clear plan on how they are planning to disseminate knowledge/skills learned at the conference including how they are planning to involve AED,
  - iii) curriculum vitae, and
  - iv) two letters of recommendation from professional associates.
- c) AED membership is not a requirement for this scholarship.

6) Patient-Carer Representative Scholarship

- a) The purpose of this scholarship is to support members representing the patient-carer community to attend the International Conference on Eating Disorders. Annually, the AED will award up to five scholarships of \$1,500 are awarded to defray the costs of

conference fees, travel, and hotel accommodations for people from the global patient-carer community.

- b) The recipient must meet the following eligibility criteria:
  - i) Must be a member of AED as of January of the year in which the scholarship will be awarded
  - ii) Demonstrated activity in terms of eating disorder advocacy, education, and/or outreach in the Patient-Carer community.
  - iii) Ability to translate and transfer knowledge gleaned from conference participation to their regional or online Patient-Carer community.
  - iv) Demonstrated need for financial support and/or lack of other sources of support to fund conference attendance.
  - v) To be considered for the Patient-Carer Representative Scholarship, applicants must submit the following:
    - (1) AED common application;
    - (2) a personal statement of no more than 800 words describing their interests and current work in the field of eating disorders, the funding issues that make travel difficult to the annual conference, and a clear plan on how they plan to share the knowledge/skills learned at the conference with the patient-carer/eating disorder community in their home region;
    - (3) curriculum vitae; and
    - (4) two letters of recommendation from associates/co-workers/others who can speak to their activities in the field of eating disorders.

## 7) Named Scholarships

- a) Donations provided in memory or honor of named individuals to the scholarship program may be awarded in recognition of that named individual. The awards will be given in that individual's name during the Awards Ceremony and this designation will appear in the conference program. In order for an award to be named in honor of an individual, the amount of the award should cover the majority of the full award amount.
- b) Prior to the dispersion of named fund awards, the recipient must provide a thank you letter to the donor on a template provided by the AED. The thank you letter will be submitted to the AED staff and the committee-co chairs, reviewed, and forwarded to the donor.
- c) If a project funded by a named award is not complete by the required timeline, the recipient must provide an additional update to the AED Awards and Scientific Committee upon conclusion of the project. AED will send the final report to the donor along with a letter of thanks from the AED and any other recognition materials.
- d) Current Named Scholarships (as of July 2016):
  - (1) HLA Chapter Congress Scholarship – \$1500, 1 can be awarded
  - (2) DeVinney Fund Scholarships – available for best abstract related to OCD (\$2000 each, up to 2 can be awarded); committed through 2018.

(3) Erin Reiderer Scholarship - \$1000, 1 can be awarded. Vetted by the Reiderer Foundation.

8) Timeline for All Grant/Fellowship/Scholarship Awards

a) Policy

- i) For all categories of awards, the call will go out on the first of the month, eight (8) months before the conference, and the application process will close 45 days later.
- ii) Applications are organized by AED staff and sent to the Awards and Scientific Review Committee Co-Chairs. Subsequently, they are reviewed by the Awards and Scientific Review Committee.
- iii) Award notifications are sent out at least five (5) months before the conference.
- iv) Funds for all grants, fellowships and scholarships, with the exception of the Student Research Grant and named scholarships will be provided to the awardees at least 90 days prior to the conference.

9) General Review Procedures for all Grants/Fellowships/Scholarships.

- a) Prior to review, committee chairs should distribute to the Awards and Scientific Review Committee a brief description of the award(s) and list of eligibility criteria.
- b) For each award, committee chairs should provide guidance to the reviewers on how the application materials should be weighted in evaluating the proposal.
- c) Given the vastly different levels of experience and countries of origin of applicants, the committee chairs should provide guidance for reviewers in how to evaluate applicants at different levels of training and from different countries.



## **DONOR RECOGNITION**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

#### 1) Purpose

The purpose of this policy is to attract and retain donor support.

#### 2) Policy

Major donors (those making an annual donation of \$10,000 or more) from outside the eating disorder field will be provided the following for the duration of their financial support:

- a) Complimentary registration to the ICED
- b) The AED Quarterly Newsletter (Forum)
- c) Updates on how their grant has been used to fund specific research
- d) Thanks and appreciation.
- e) Additionally, the AED will maintain a donor button on the website allowing potential donors to contribute to specific and/or general funds.

#### 3) Procedures

- a) AED staff will maintain a list of major donors and annually invite them to the ICED with complementary registration.
- b) AED staff will ensure that donors are emailed the AED Forum
- c) AED staff, along with the Awards and Scientific Committee co-chair(s), will provide donors with the grant/fellowship/scholarship abstract, a letter of thanks from the AED, and any other recognition materials.
- d) For all named grants/fellowships/scholarships, recipients must write a brief thank-you note on a template provided by the AED. Upon review by AED staff and the committee co-chair(s), the thank-you note will be provided to the donor. Funds will not be distributed to the recipient until the donor thank-you note is provided to the AED.
- e) If a project funded by a named award is not complete by the required timeline, the recipient must provide an additional update to the AED Awards and Scientific Committee upon conclusion of the project. AED staff will send the final report to the donor, along with a letter of thanks from the AED, and any other recognition materials.

## FELLOWS COMMITTEE

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### 1) Purpose

The status of Fellow in the Academy of Eating Disorders (AED) presupposes that the qualifications of the person have elevated him or her to national and/or international recognition as a distinguished contributor to the field of eating disorders. In virtually all instances distinguished refers to a combination of the achievement of excellence and significant contributions deserving of recognition as extraordinary. The contributions of the person nominated have to be demonstrably unusual, innovative, and/or of a pioneering nature. Fellowship status is not conferred simply on the basis of seniority or competence.

- a) The Fellowship Committee is thus looking to recognize candidates who have maintained AED membership in good standing continuously for at least the past five years, and who clearly have made one or more of the following contributions to the field:
  - i) Distinguished, sustained research-based scholarship that has contributed significantly to the professional literature;
  - ii) Distinguished and sustained contributions to literature designed for lay audiences (e.g., people with eating disorders; families; advocates and activists);
  - iii) Distinguished, sustained, nationally- and/or internationally-recognized contributions to clinical services and/or prevention;
  - iv) Distinguished and sustained contributions to the leadership and activities of the AED;
  - v) Distinguished and sustained contributions to advocacy in the context of government or other major organizations.
- b) Should an applicant's membership have lapsed for up to one year, she/he will be informed and be given the opportunity to renew membership by full payment of dues so that her/his application may be considered for fellowship status.
- c) All applications must be supported by:
  - i) Cover letter detailing (using specific examples and other evidence) how the candidate meets the criteria for Fellowship.
  - ii) Up-to-date curriculum vitae.

- iii) Two letters of recommendation that address in detail, including specific examples, how the candidate meets the criteria for Fellowship. For example, a referee would need to support in detail, with specific examples, the applicant's contention that she or he has made a significant, distinguished impact on AED and the field of eating disorders through his or her service to the organization.
  - d) The Fellowship Committee would prefer that candidates submit the letters of recommendation along with their cover letter and vita, but referees (i.e., recommenders) may, if they prefer, submit their evaluations under separate cover.
  - e) The Fellowship Committee will review all applications in light of the criteria described above as "distinguished" and reach a decision in relation to the application. This will be forwarded to the Board for ratification. If requested, feedback will be given about the decision by the Committee Chair. However, there will be no review of the ratified decision.
- 2) Terms of Membership
- a) The appointment to Fellow of the AED status is made on a lifetime basis, requiring that the individual maintains active membership in good standing in the AED. Additionally, fellows will be asked to make a one-time contribution of \$200 for lifetime status as a Fellow.
- 3) Timeline for Fellows Procedures
- a) The call will go out on October 1st and applications will be due on November 15th. Applications are organized by AED staff and sent to the Fellows Committee Co-Chair. Subsequently, they are reviewed by the Fellows Committee. Award notifications are sent out by February.

## **INTERNATIONAL JOURNAL OF EATING DISORDERS ASSOCIATE EDITOR TERMS**

### Status of Document

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Policy**

There will be a total of five *International Journal of Eating Disorders* (IJED) Associate Editors; each will receive an annual stipend of \$ 5,000. Terms commence on January 1 and end on December 31. Terms will be staggered so that in any given year only one new associate editor is brought on. New appointments would be for an initial five years with the possibility of one renewal.

## **JOURNAL ADVISORY COMMITTEE**

### **Status of Document**

Date of Draft: September 11, 2015

Original Version Approved by the AED Board: September 16, 2015

Reviewed by AED Board: October 2016

Date of Next Full Review: June 2019

### **Purpose**

The Journal Advisory Committee (JAC), comprising the IJED associate editors, has a dual role. It serves in an advisory role to the Editor-in-Chief regarding the scope and scientific content of the International Journal of Eating Disorders (Journal), and in the selection of members of the editorial board of the Journal's Executive Board (i.e., Associate Editors).

### **Policy**

The JAC also serves as the liaison between the Journal and the AED Board of Directors. In years when a JAC member is also an AED Board Member, the AED Board liaison duties will be the responsibility of the individual who serves in the dual Advisory/Board role. In years when there is no overlap between JAC and AED Board membership, AED Board liaison duties will be the responsibility of the Director of Standards of Excellence.

The JAC will have no direct authority over the Editor-in-Chief or the Publisher in the management of the Journal. Its role is advisory and as a liaison between the Journal and the AED leadership and includes the following:

- Assisting in the selection of qualified candidates for (1) the associate editor positions upon the expiration of each respective term and (2) membership on the Editorial Board. The JAC will facilitate recommendation of associate editor candidates to the AED Board of Directors.
- Supporting the Editor-in-Chief in the development, implementation, and review of editorial policy and procedures and standards for acceptance of manuscripts.
- Supporting the Editor-in-Chief in the implementation of the Journal's strategic plan, including in the development of special issues and advising on --and assisting with action editing for--specific content related to the associate editors' respective areas of expertise.
- Assisting the Editor-in-Chief in planning the agenda for an annual meeting of the Editorial Board. The Editor-in-Chief and JAC will work with the Publisher to coordinate

this annual meeting where the annual report from the Publisher and the editorial scope and scientific content of the Journal will be discussed.

- Facilitating communication with the AED Board of Directors about the Journal's performance, progress, and needs.

## **APPENDIX A**

### **AED BY-LAWS**



# BYLAWS

Approved May 7, 2016

## ARTICLE I: Identification

### Section 1 *Name*

The name of this organization shall be the Academy for Eating Disorders ("*Academy*").

### Section 2 *State of Incorporation*

The Academy is incorporated under the laws of the Commonwealth of Virginia as a not-for-profit, scientific and educational organization.

### Section 3 *Exempt Purposes*

The Academy is organized and is to be operated exclusively for charitable, educational, and scientific purposes within the meaning of applicable sections of the Internal Revenue Code of 1954.

## ARTICLE II: Mission & Purposes

### Mission

The Academy for Eating Disorders is a global professional association committed to leadership in eating disorders research, education, treatment, and prevention.

### Purpose

The purpose of the Academy for Eating Disorders shall be:

- A. To promote the effective treatment and care of patients with eating disorders and associated disorders;
- B. To develop and advance initiatives for the primary and secondary prevention of eating disorders;  
To provide education and dissemination of knowledge regarding eating disorders to members of the Academy, other professionals, and the general public;
- C. To stimulate and support research in the field;  
To promote multidisciplinary representation and expertise within the Academy membership and its governing structure;
- D. To advocate for the field on behalf of patients, the public, and eating disorder professionals;
- E. To assist in the development of guidelines for training, practice and professional conduct within the field; and;
- F. To identify and reward outstanding achievement and/or service in the field.

## ARTICLE III: Membership and Dues

### Section 1 *Categories of Membership*.

The Academy shall have six categories of membership: (i) Regular; (ii) Student; (iii) Post-baccalaureate; (iv) Patient Carer; (v) New Professional; and (vi) Lifetime. Special designations of "Founding" and "Charter" are assigned to members who played a particularly important role in the evolution of this organization. The process for submission of applications for membership shall be outlined in the policy and procedures of the Academy.

### Section 1A. *Regular Member*.

A regular member may be (a) any person with an advanced degree meeting the degree requirements as established in the policy and procedures, who has training and experience in the



field of eating and related disorders; (b) an individual, professional or lay person, who is interested in the field of eating disorders and must be able to demonstrate interest in eating disorders by providing evidence for public or professional activities related to eating disorders organizations or other qualifications as outlined in the policies and procedures of the Academy. Regular members may attend all professional and business meetings of the Academy. Regular members may vote and serve on committees.

#### Section 1B. *Lifetime Member.*

Lifetime members may be (a) honored individuals who have made a significant contribution to the field of eating and related disorders, earlier referred to as Honorary members or (b) members who have belonged to the Academy for the last ten years or who are Founding or Charter members, and who have reached the age of 65, and who are no longer gainfully employed, referred to previously as Emeritus members. Lifetime members may be nominated for this category by the Membership Committee or by a Board member. Lifetime membership is subject to board approval per the policies and procedures of the Academy. Annual dues are waived. Lifetime members may vote, serve on committees, or become Board members or officers of the organization. Lifetime members will pay for subscription to the journal at student member rates.

#### Section 1C. *Student Member.*

Any full time graduate level student in a degree program or a physician in training who is interested or involved in the field of eating and related disorders is eligible to become a Student member of the Academy. A Student member may not vote or hold elective office within the Academy, but may serve on a committee. A Student member may accede to Regular membership upon completion of training and upon submission of membership fees. A letter to the Academy from the institution's registrar or program director must verify student status.

#### Section 1D. *Post Baccalaureate Member*

Individuals working in a clinical/service setting between undergraduate and graduate school, and are not eligible for Student membership are eligible for the Post Baccalaureate Membership category. This category is, restricted to individuals who are between their undergraduate and graduate school, for a limited time of a maximum of three years

#### Section 1E: *Patient Carer*

Patients, carers and other non-professionals are eligible to join the Patient Carer category. Students and other eating disorder related professionals would not be eligible for this membership rate. Non-professionals applying for the Patient and Carer Membership would be required to verify their non-eating disorder professional status (i.e., that they have no professional affiliation with eating disorder research or treatment);

#### Section 1F. *New Professional*

Individuals holding a newly acquired doctoral or master's degree advanced terminal degree, for a maximum of two years.

### Section 2 *Founding and Charter Members.*

#### A. Founding Member

Individuals who met the qualifications to be a Regular member and who were invited to the founding conference of the Academy in the fall of 1993 and who provided an additional fee to assist in the creation of the Academy were appointed as Founding members. The privileges of a Founding member are those of a Regular member plus the special eligibility for Fellow or Emeritus membership.

B. Charter Member

Individuals who met the qualifications to be a Regular member, who applied for membership prior to July 1, 1995, and who provided an additional fee to assist in the creation of the Academy, but did not meet the criteria to be a Founding Member were appointed as Charter Members. The privileges of a Charter Member are those of a Regular Member plus the special eligibility for Fellow or Emeritus membership.

*Section 3 Termination of Membership.*

Membership in the Academy may be terminated for non-payment of dues and other reasons outlined by the Board in the policies and procedures of the Academy.

*Section 4 Fellowship.*

A Regular member with an advanced degree meeting the degree requirements as established in the AED policy and procedures, who has training and experience in the field of eating and related disorders and who has made outstanding and significant contributions to the field of eating disorders may be nominated for Fellowship according to the methods set forth in the Academy's policies and procedures. To become a Fellow, individuals must have maintained Academy membership for a minimum of five years. Candidates for Fellowship are submitted via nomination form to the Fellowship Committee. Nominees' applications will be processed per the Academy's policies and procedures for Fellowship status.

**ARTICLE IV: Meetings**

*Section 1 Annual Business Meeting.*

An annual business meeting will be held to apprise the membership of the state of affairs of the organization and to conduct such business as necessary.

*Section 2 Scientific Meetings and Clinical Training.*

The Board may authorize and conduct additional scientific and/or clinical training meetings of the Academy.

**ARTICLE V: Board of Directors**

*Section 1 Composition and Responsibilities.*

- A. The governing body of the Academy is the Board of Directors. It shall be referred to as the "Board" in this document.
- B. The Board shall consist of the President, President-Elect, Secretary, Immediate Past-President, and
- C. Treasurer as well as seven members at large. The Board is to be multidisciplinary.
- D. The Board shall be responsible for the supervision, control, and direction of the Academy and all efforts to pursue the purposes of the Academy. It shall concern itself with maintaining the standards and effectiveness of the Academy.
- E. The President, President-Elect, Secretary, Treasurer, and Immediate Past-President shall serve as officers and shall constitute the Executive Committee. The Executive Committee shall advise and assist the President.
- F. The Executive Director of the Academy shall be a non-voting member of both the Board and the Executive Committee.

*Section 2 Meetings of the Board.*

The Board shall meet at least once at the time of the annual meeting. Additional meetings may be called by the President or a majority of the Board. The Board may also meet by conference call and also may vote by mail or electronic ballot on issues presented by the President in the interim of regularly scheduled meetings.

### Section 3 *Board Quorum.*

A quorum for official actions of the Board shall consist of a majority of the whole Board.

### Section 4 *Chair of the Board.*

The President is Chair of the Board. In his or her absence, the President-Elect may be Chair *Pro Tem*.

### Section 5 *Removal from Office.*

- A. Any Board member who is unwilling or unable to attend two Executive Board meetings is deemed to have resigned the office and charge.
- B. The Board may waive this requirement upon petition for extenuating circumstances.

## **ARTICLE VI: Officers and Directors**

### Section 1.1 *President.*

The President's term is one year. He/she may not succeed himself or herself.

### Section 1.2 *Duties of the President.*

The President is the chief elected officer of the Academy. The President shall serve as Chair of the Board, Executive

Committee, the annual business meeting, and other meetings of the Academy, and shall fulfill such other duties as necessary and as prescribed by the policies and procedures of the Academy.

### Section 1.3 *Vacancy of the Presidency.*

Should the Presidency become vacant or should the President be unable to serve, the President-Elect will complete the President's term of office. Should both be unable to complete the same term, the immediate Past-President will complete the term, and if he/she is unable, the Board shall select an individual to complete the term.

### Section 2.1 *President-Elect.*

The President-Elect will succeed the President upon completion of his or her full term. His or her term is one year.

### Section 2.2 *Duties of the President-Elect.*

The President-Elect will function as a back-up to the President and shall become familiar with the various activities of the Academy to prepare for the presidency the following year. Other duties may be outlined in the policies and procedures of the Academy.

### Section 2.3 *Vacancy of the President-Elect.*

Should the office of the President-Elect become vacant, or should the President-Elect be unable to serve, the unexpired term of office will not be filled. In this event, a President and President-Elect for the upcoming terms will be elected at the next election.

### Section 3.1 *Secretary.*

The Secretary is elected for a three-year term and is eligible to serve not more than one additional term. The Secretary does not automatically succeed to another office.

### Section 3.2 *Duties of the Secretary.*

The Secretary shall be responsible for and oversee the membership acceptance process, the election process, the annual meeting notification process, the maintenance of minutes, the filing of reports to federal and state authorities, maintenance of membership records and other appropriate duties as outlined in the policies and procedures of the Academy. Duties of the

Secretary may be delegated to the Executive Director.

*Section 3.3 Vacancy of the Secretary.*

Should the office of Secretary become vacant, the President shall appoint with Board approval a replacement until the next election.

*Section 4.1 Treasurer.*

The Treasurer is the chief financial officer of the Academy. He or she is elected for a three-year term, and may be re-elected to not more than one additional term. The Treasurer does not automatically succeed to another office.

*Section 4.2 Duties of the Treasurer.*

The Treasurer will be responsible for preparation of the annual budget, oversight of the financial management, initiating annual dues notices and filing necessary federal and state financial reports and such other duties as outlined in the policies and procedures of the Academy. Duties of the Treasurer may be delegated to the Executive Director.

*Section 4.3 Vacancy of the Treasurer.*

Should the office of Treasurer become vacant, the President shall appoint with Board approval a replacement until the next election.

*Section 5 Immediate Past President.*

The Immediate Past President is a member of the Board and shall serve as chair of the Nominations Committee. Should the office of Immediate Past-President become vacant, the President shall fulfill the duties of this office until the next election. An Immediate Past-President is not eligible for re-election to the Board or to any other office until three years after completion of his or her term.

*Section 6 Board of Director Members at Large.*

Seven members shall serve at large on the Board each elected to a three-year term. Should a seat on the Board become vacant, the President may appoint with Board approval an individual to serve until the next election, at which time a member will be elected for the remainder of the term.

*Section 7 Executive Director.*

The Board may engage an individual or organization to serve as Executive Director with responsibility for management and operations. The Executive Director shall be accountable to the Board and shall assist the organization as outlined in the policy and procedures.

**Article VII: Finances**

*Section 1 Fiscal Year.*

The fiscal year shall be established by the Board.

*Section 2 Dues.*

The annual dues for each category of membership as well as other fees and charges shall be established by the Board.

*Section 3 Bonding of Officers.*

All Academy Officers, members or employees handling or having access to Academy funds or assets will be bonded.

*Section 4 Compensation.*

Board Members as such shall not receive any compensation for their services.

*Section 5 Dissolution.*

Upon the dissolution of this organization, assets shall be distributed thus by: (1) allocating funds to dissolve the organization and to pay all other outstanding bills; and then (2) distributing the remaining assets for one or more exempt purposes within the meaning of section 501(c)(3) of the US Internal Revenue Code, or corresponding section of any future US federal tax code, to the US federal government, or to a state or local government, for a public purpose as determined by the Board .

## **ARTICLE VIII: Nominations and Elections**

### **Section 1.1 *Nominations Committee.***

The Nominations Committee shall consist of six at-large members (not officers or Board members except as established herein) who shall be elected by the membership, and the Past-President. The Past-President is the chair of the Nominations Committee. Each year two members will be elected by the membership to a single term of three years. The composition of the Nominations Committee shall be multidisciplinary. Currently serving members of the Nominations Committee shall not be eligible for elected office.

### **Section 1.2 *Election Slate.***

The Nominations Committee shall solicit nominations from the membership prior to preparing a slate. The Nominations Committee shall propose an uncontested slate nominating candidates for President-Elect, Secretary, Treasurer, two or three Board Directors, two members of the Nominations Committee, and any other vacancies.

### **Section 1.3 *Nomination by Petition.***

Nominations for office may also be made by petition of 100 members of the Academy. The petition must include a statement by the candidate indicating his or her intention to serve if elected. The petition must be delivered to the Secretary at least 90 days prior to the meeting at which a vote is to be taken. If the petition is valid, the nominee's name must be published along with the slate of the Nominations Committee to the membership for vote by mail at least 60 days prior to the annual business meeting. The policy and procedures outline the process for elections.

### **Section 1.4 *Concurrent Elected Positions.***

No one may hold more than one elected position concurrently.

### **Section 1.5 *Notification of Elections.***

A list of nominees shall be circulated to the membership in writing by email and/or via the Academy's principal publication, not less than 60 days before the annual business meeting or the email ballot deadline. The Nominations Committee shall present its slate of nominees to the membership for its vote at the annual business meeting or by email ballot.

### **Section 1.6 *Voting Procedures.***

Voting at the annual meeting may be made by acclamation. The Secretary may record a unanimous vote if the candidate is unopposed. If there is more than one candidate for any office, the vote will be undertaken by email ballot.

### **Section 1.7 *Special Circumstances.***

- A. Should sudden or unplanned circumstances prevent the holding of an annual business meeting, email ballots will be sent to the voting membership immediately. Ballots must be returned within one month, and elected candidates will take office upon close of balloting.
- B. The previous Board will continue to function in the interim, but no longer than two months.

#### **ARTICLE IX: Committees**

The Board may establish such committees as it deems necessary and shall ratify appointments of chairs and committee members made by the President. The policies and procedures of the Academy shall outline the purposes of each committee, the terms of the chairs and committee members, and the reporting relationships.

#### **ARTICLE X: Changes in Bylaws**

##### **Section 1.1**

Changes in bylaws shall be presented to the membership upon recommendation of the Board or by petition of fifty voting members.

##### **Section 1.2**

Proposed changes in the bylaws will be publicized to the membership at least 60 days prior to vote. Reasons for the proposed amendments will be included in the published materials and if the amendment originates outside the Board, the recommendations of the Board for or against the proposal will be published.

##### **Section 1.3**

Passage of the changes shall be by a majority of votes cast.

##### **Section 1.4**

If passed, bylaw changes take effect immediately unless otherwise provided in the amendment.

#### **ARTICLE XI: Parliamentary Authority**

Robert's Rule of Order, latest revision, shall govern the parliamentary actions of the Academy, unless they are inconsistent with the bylaws of the Academy.

#### **ARTICLE XII: Indemnification and Insurance**

Each person who at any time is or shall have been a director, officer, employee or agent of the Academy, or is or shall have been serving at the request of the Academy as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise, shall be indemnified by the Academy in accordance with and to the full extent permitted by the General Not for Profit Corporation Act of the Commonwealth of Virginia as in effect at the time of adoption of this bylaw or as amended from time to time. The foregoing right of indemnification shall not be deemed exclusive of any other rights to which a person seeking indemnification may be entitled under any bylaw agreement, vote of members or disinterested directors or otherwise. If authorized by the Board, the Academy may purchase and maintain insurance on behalf of any person to the full extent permitted by the General Not for Profit Corporation Act of the Commonwealth of Virginia as in effect at the time of the adoption of this bylaw or as amended from time to time.