

AMCB Board of Directors Treasurer Position

The Treasurer shall serve for a term of three years. The position is limited to two consecutive full terms. To be considered for this position, you must submit a completed application and consent-to-serve form along with your curriculum vita or resume with 2 references. Please send these materials to the AMCB Chief Executive Officer, Carrie Bright, CAE, IOM at cbright@amcbmidwife.org. For more information visit: <https://www.amcbmidwife.org/get-involved/board-of-directors>.

RESPONSIBILITIES

The Treasurer shall:

- A. Be custodian of the corporate funds and assets
- B. Render to the President, and to the Board at its regular meetings, or when the Board so requires, an account of the financial condition of the Corporation.
- C. Chair the Finance Committee
- D. Make recommendations for investments to the Board after consultation with the Finance Committee.
- E. In the absence of the President, or in the event of the President's inability or refusal to act, perform the functions of the President, and when so doing, shall have all the powers of, and be subject to all the restrictions upon, the President.
- F. Deliver a short written report for each AMCB Board of Directors meeting and the President as requested.

As a member of the Finance Committee, the Treasurer is responsible for the following:

- A. Review the proposed annual operating budget presented by the executive director. After any appropriate revisions, the committee will accept the budget. The committee chair will then present the budget to the Board of Directors for approval.
- B. Ensure that accurate, timely, and meaningful financial statements are prepared and presented to the Board of Directors.
- C. Prepare recommendations to the Board of Directors regarding large expenditures outside the normal operating budget.
- D. Prepare recommendations to the Board of Directors regarding auditing and investment firms when needed.

REQUIREMENTS

- A. Be a nurse-midwife or midwife actively certified by AMCB.
- B. Be a member of the American College of Nurse-Midwives (ACNM)
- C. Hold a minimum of a master's degree
- D. Have at least three years of midwifery experience
- E. Have knowledge appropriate to their role and responsibilities.
- F. Not simultaneously serve on the ACNM Board of Directors or as a chairperson of any ACNM Division or Committee.

American Midwifery Certification Board, Inc. (AMCB)

849 International Dr. Suite 120
Linthicum, MD 21090
(410) 694-9424; (410) 694-9425 FAX

Consent to Serve

BOARD OF DIRECTORS & COMMITTEE CHAIRPERSONS

NAME: _____

DATE: _____

BOARD OF DIRECTORS (check one category and appropriate subcategory):

_____ Officer

_____ President

_____ Treasurer

_____ Secretary

_____ Committee Chairperson

_____ CAR Committee chair

_____ CMP Committee chair

_____ Examination Committee chair

_____ Research Committee chair

_____ Director

_____ Professional liaison

_____ Consumer member

TERM: 3 years beginning January 1 of the year of appointment; renewable for a second term; total term not to exceed 6 years.

I will diligently and faithfully perform the duties of the office on the AMCB Board of Directors as defined by corporation's bylaws. I will treat confidential information obtained in the course of my AMCB functions properly. I recognize that in this office I must seek to advance the mission and interests of AMCB and act on AMCB's behalf only to the extent expressly provided in its bylaws and designated by its policies. I am not authorized to and I shall not represent myself as authorized to, act contrary to nor in excess of the authority so granted to me.

Signature

Date

Please type or print name

Credential(s) in preferred order

Practice Setting

Preferred Mailing Address: Home _____ Office _____

Street

City/State/Province/Zip Code

Email: _____@_____

Telephone(s):

Home: () _____ Mobile: () _____

Office: () _____ Fax: () _____



American Midwifery Certification Board

Confidentiality Affidavit

For

AMCB Board of Directors/Committee & Sub-Committee Members/Staff

I hereby affirm that I will not discuss or in any manner communicate confidential information that I may encounter while transacting business on behalf of the American Midwifery Certification Board (AMCB) to persons not on the Board of Directors (BOD) unless they are specifically employed by the AMCB to assist with such matters (i.e. staff, Test Consultant, Exam Editor, legal counsel, or members of the same committee). Confidential information includes, but is not limited to, the contents of the national certification examination (past or current forms of the test), information related to the scoring of individual test forms or candidates, accounting records, and any communications marked “confidential”, including designated portions of BOD meeting books or minutes.

I agree not to participate in the development or presentation of any materials, outlines, tests or courses specifically designed to prepare applicants for the AMCB national certification examination during my term of service and for at least three years after my term of service is concluded. This statement does not preclude the normal faculty activities of academic instruction.

Furthermore, should I discover a breach of security, I will immediately contact the AMCB President and relay complete and detailed information regarding the incident.

Signature

Name – Please Print

Date

AMCB Conflict of Interest Policy

Board of Directors (the “Board”), Committee members, staff, and vendors of the American Midwifery Certification Board (“AMCB”) must act at all times in the best interests of AMCB. The purpose of this policy is to help inform the Board/Committees/staff about what constitutes a conflict of interest, assist them in identifying and disclosing actual and potential conflicts, and help ensure the avoidance of conflicts of interest where necessary. This policy may be enforced against individuals as described below:

1. Board/committee/staff members have a fiduciary duty to conduct themselves without conflict to the interests of AMCB. In their capacity, they must subordinate personal, individual business, third-party, and other interests to the welfare and best interests of AMCB.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between an individual’s obligations to AMCB and the individual’s personal, business or other interests.
3. All conflicts of interest are not necessarily prohibited or harmful to AMCB. It is possible to have a conflict of task or discussion without having a general conflict. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested Board or Committee members – with the interested individual(s) recused from participating in debates and voting on the matter – are required.
4. All actual and potential conflicts of interests shall be disclosed by Board/Committee, staff members, or vendors to the AMCB Board Chair, Committee Chair, or CEO through the disclosure form at each meeting and/or whenever a conflict arises. The disinterested members of the AMCB Executive Committee shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). The AMCB Executive Committee shall inform the Board/Committee Chair/CEO of such determination and action. The Board shall retain the right to modify or reverse such determination and action, and shall retain the ultimate enforcement authority with respect to the interpretation and application of this policy.
5. At each meeting, all Board/Committee members, staff, and vendors in attendance shall be provided with a copy of this policy and required to complete and sign the acknowledgment and disclosure form below. All completed forms shall be provided to and reviewed by the AMCB Executive Committee, as well as all other conflict information provided.

ACKNOWLEDGMENT AND DISCLOSURE FORM

I have read the AMCB Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service as an AMCB Board/Committee/staff member or vendor. If at any time following the submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the AMCB President and CEO in writing.

Disclosure of Actual or Potential Conflicts of Interest:

Signature:

Printed Name:

Date:
