ASNT BOARD OF DIRECTORS JOB DESCRIPTION

1.0 Purpose

The purpose of this policy is to further define the primary responsibilities of the Board of Directors.

2.0 Scope

This policy applies to individuals who serve on the ASNT Board of Directors.

3.0 References

3.1 *ASNT Bylaws*

3.2 *Attachment A*- ASNT Board of Directors Commitment Agreement

3.3 *Attachment B*- ASNT Board of Directors Nomination Form-(this will be a separate file.

4.0 Responsibilities

4.1 Prior to making the position a new elected Board member shall sign the ASNT Board of Director Commitment Agreement. See Attachment A.

4.2 Assure that Society activities comply with applicable laws, regulations, Society charter, and *ASNT Bylaws*.

4.3 Establish the mission and strategic direction for the Society.

4.4 Set Board policies to achieve Society goals and Board of Directors responsibilities.

4.5 Delegate necessary authority and responsibility to councils, committees, sections and management to develop and implement Board decisions within the *ASNT Bylaws*, and financial capabilities.

4.6 Review and approve major governing and operating policies, procedures and rules of the Society.

4.7 Establish and/or approve organization, policy recommendations, and functions of councils, divisions, committees, section, groups and management.
4.8 Approve annual budgets and financial plans developed by the Executive Director and reviewed and recommended for approval by the Business and Finance Committee and Operations Committee.

4.9 Approve objectives and plans proposed by approved by the Operations Committee.

4.10 Employ the Executive Director.

4.11 Authorize employment of legal counsel, auditors, and other outside consultants.

4.12 Establish policies and procedures for regulations of the Board of Directors and its proceedings.

5.0 Chairman and Membership

Chairman and membership shall be in compliance with the ASNT Bylaws.

6.0 Reporting Requirements

Minutes of the Board of Directors meetings shall be recorded.
ASNT
Board of Directors Commitment Agreement

MISSION STATEMENT: The American Society for Nondestructive Testing exists to create a safer world by promoting the profession and technologies of nondestructive testing.

As an elected member of the Board of Directors of ASNT, I state my commitment and dedication to the mission, to the membership, and to my colleagues on the Board and the staff of ASNT in carrying out this mission. I understand that my duties and responsibilities include the following:

- To understand and define the organization’s mission, values, and purpose.
- To receive no financial gain for service on the ASNT Board of Directors and agree to disclose any actual or possible conflict of interest.
- To understand my accountability to ASNT membership and will exercise leadership in making sound judgments in the best interest of ASNT.
- To refrain from intruding on administrative issues that are the domain of the management.
- To hold in the strictest confidence any and all subjects of discussion, business and related communications designated as confidential by the ASNT Board of Directors.
- To actively promote membership, both by recruitment and emphasis on retention in ASNT, and will encourage fellow colleagues to become active. I will continually make myself familiar with current activities of ASNT and will encourage and support the staff.
- To attend and participate in ASNT Board meetings, and respond to Board communications. I will come to Board meetings prepared and ready to participate in a meaningful fashion, will arrive on time, and not depart until the meeting is adjourned.
- To share in the fiscal oversight responsibility for ASNT with all other Board members. I will maintain a familiarity with the society budget and take an active part in reviewing, monitoring, and supporting the approved budget.
- To understand that the Board shall speak with a unified voice on behalf of the organization, and will seek to understand and share the membership’s common concerns. I understand that others may construe my comments to represent the policies and members of ASNT, and will be informed and speak with care accordingly.

I understand that the ASNT Board of Directors may ask me to resign from the Board if I cannot substantially fulfill these responsibilities or may remove me from the board per the directions specified in the ASNT Bylaws. I understand the importance of the expectations listed above and by signing below I accept this commitment.

__________________________       ___________________________    ____________
Printed Name  Signature  Date
NOMINATION FORM FOR ASNT DIRECTOR

This form has been designed to provide complete information on Director nominees for use by the Board’s Selection Committee. All nominations will now be processed online. You will need to complete this form and upload it at the following website:

www.asnt.org/director

All nominations must be received no later than 1 February 2017. Keep complete copies for your files.

From the ASNT Bylaws
Board Policies G-3D and J-3C

A Director of ASNT ensures that Society activities comply with applicable laws, regulations, the Society Charter, and Bylaws. In addition, the Directors set the Society’s goals, set policies and delegate necessary responsibility to councils, committees, Sections and International Service Center management to develop and implement Board decisions within the Bylaws and financial capabilities.

To qualify as a Director of the Society, an individual must receive the following kinds of support from his or her employer: (1) support of Director activities for a minimum of three years; (2) attendance at Board of Directors’ meetings, up to four different times and locations each year; (3) visits to at least three Section meetings other than the home Section each year; (4) required travel and related expenses for the above meetings; and (5) reasonable secretarial, telephone and postal services for the three-year period.

Selections for Director are announced at the Spring Conference.

1. Name of Nominee: ___________________________ Member Number: ________________

2. Years of ASNT Membership: _______ Number of Interruptions: ____ Duration of Interruptions: ______

3. Were you ever listed under a Corporate Membership? ☐ Yes ☐ No
   If yes, list Company or Institution: ___________________________ Years ______ to ______

4. Number of Years in NDT Profession: __________

5. Home Address: ____________________________
   City: ____________________ State: ______ ZIP: ______________ Country: __________
   Phone: __________________ E-Mail: __________________

6. Employer: _________________________________
   Title or Position: __________________________
   Business Address: __________________________
   City: ____________________ State: ______ ZIP: ______________ Country: __________

7. Chief Executive Officer’s Name: ___________________________ Title: __________________
   Business Address: __________________________
   City: ____________________ State: ______ ZIP: ______________ Country: __________
8. Supervisor’s Name: __________________________ Title: __________________

Business Address: __________________________________________________________

City: __________________ State: ______ ZIP: __________ Country:____________

9. Section Affiliation:
   (1) Section Name: ___________________________ Years: ____________
   (2) Section Name: ___________________________ Years: ____________
   (3) Section Name: ___________________________ Years: ____________

10. Significant Contributions to ASNT:

A. Served as Section Leader

   New Section Organizer: ___________________________ Section: ________ Date: ____________
   Officer: ___________________________ Section: ________ Date: ____________
   Officer: ___________________________ Section: ________ Date: ____________
   Officer: ___________________________ Section: ________ Date: ____________
   Officer: ___________________________ Section: ________ Date: ____________
   Director: ___________________________ Section: ________ Date: ____________
   Director: ___________________________ Section: ________ Date: ____________
   Director: ___________________________ Section: ________ Date: ____________
   Director: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Committee Chair: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
   Educational Program Organizer: ___________________________ Section: ________ Date: ____________
Other Section Activity: ___________________________ Section: ____________ Date: __________

Other Section Activity: ___________________________ Section: ____________ Date: __________

Other Section Activity: ___________________________ Section: ____________ Date: __________

Other Section Activity: ___________________________ Section: ____________ Date: __________

Other Section Activity: ___________________________ Section: ____________ Date: __________

Other Section Activity: ___________________________ Section: ____________ Date: __________

B. Presented Local Section Talks:

Title: ___________________________ Location: ____________ Date: __________

Title: ___________________________ Location: ____________ Date: __________

Title: ___________________________ Location: ____________ Date: __________

Title: ___________________________ Location: ____________ Date: __________

Title: ___________________________ Location: ____________ Date: __________

Title: ___________________________ Location: ____________ Date: __________

C. Served as National Council Leader [Chair, Vice Chair, Secretary or Secretary Elect in Certification Management, Research, Section Operations or Technical & Education Council]:

Council Officer: ________________ Council: ________________ Date: __________

Council Officer: ________________ Council: ________________ Date: __________

Council Officer: ________________ Council: ________________ Date: __________

Division Officer: ____________ Division & Council: ________________ Date: __________

Division Officer: ____________ Division & Council: ________________ Date: __________

Division Officer: ____________ Division & Council: ________________ Date: __________

Committee Officer: ____________ Committee & Council: ________________ Date: __________

Committee Officer: ____________ Committee & Council: ________________ Date: __________

Committee Officer: ____________ Committee & Council: ________________ Date: __________

Committee Officer: ____________ Committee & Council: ________________ Date: __________

D. Served as National Leader:

Director: __________________________________________________________________ Date: __________

Director: __________________________________________________________________ Date: __________

Director: __________________________________________________________________ Date: __________

Officer: __________________________________________________________________ Date: __________
Officer: _______________________________ Date: ______________
Officer: _______________________________ Date: ______________
Officer: _______________________________ Date: ______________

E. Presented Papers at ASNT National Conferences:

Title: __________________ Location: __________ Date: ______________
Title: __________________ Location: __________ Date: ______________
Title: __________________ Location: __________ Date: ______________
Title: __________________ Location: __________ Date: ______________
Title: __________________ Location: __________ Date: ______________

F. Served in ASNT National Conferences:

Chair: __________________ Location: __________ Date: ______________
Chair: __________________ Location: __________ Date: ______________
Chair: __________________ Location: __________ Date: ______________

Committee Member? ☐ Yes ☐ No Committee Name: __________________
Conference: __________________ Location: __________ Date: ______________
Committee Member? ☐ Yes ☐ No Committee Name: __________________
Conference: __________________ Location: __________ Date: ______________

Track Coordinator? ☐ Yes ☐ No Committee Name: __________________
Conference: __________________ Location: __________ Date: ______________
Session Chair/Speaker? ☐ Yes ☐ No Committee Name: __________________
Conference: __________________ Location: __________ Date: ______________
Short Course Coordinator? ☐ Yes ☐ No Committee Name: __________________
Conference: __________________ Location: __________ Date: ______________

G. Papers Published in *Materials Evaluation* (ME) or *Research in Nondestructive Evaluation* (RNDE):

Paper/Journal: _____________________________ Month & Year: ______________
Paper/Journal: _____________________________ Month & Year: ______________
Paper/Journal: _____________________________ Month & Year: ______________
Paper/Journal: _____________________________ Month & Year: ______________
Paper/Journal: _____________________________ Month & Year: ______________

Volume Title: ___________________________ Section(s): ___________ Date: ___________

Volume Title: ___________________________ Section(s): ___________ Date: ___________

Volume Title: ___________________________ Section(s): ___________ Date: ___________

Volume Title: ___________________________ Section(s): ___________ Date: ___________

11. Honors and Awards Received:
   
A. ASNT awards and honors:

   Award: ___________________________ Type: ___________ Date: __________

   Award: ___________________________ Type: ___________ Date: __________

   Award: ___________________________ Type: ___________ Date: __________

   Award: ___________________________ Type: ___________ Date: __________

   Award: ___________________________ Type: ___________ Date: __________

   Award: ___________________________ Type: ___________ Date: __________

B. Other awards and honors:

   Award: ___________________________ Organization: ___________ Type: ___________ Date: __________

   Award: ___________________________ Organization: ___________ Type: ___________ Date: __________

   Award: ___________________________ Organization: ___________ Type: ___________ Date: __________

   Award: ___________________________ Organization: ___________ Type: ___________ Date: __________

12. Significant Contributions in the field of NDT/NDE:

A. Contributions and accomplishment in NDT [R&D, education, manufacturing, design, inventions]:

   ____________________________________________________________________________________
B. Presented Paper on NDT at Other Conferences:

Title: __________________________ Location: __________ Date: __________
Title: __________________________ Location: __________ Date: __________
Title: __________________________ Location: __________ Date: __________
Title: __________________________ Location: __________ Date: __________
Title: __________________________ Location: __________ Date: __________

C. NDT Papers Published in Other Journals:

Paper/Journal: __________________________ Month & Year: __________
Paper/Journal: __________________________ Month & Year: __________
Paper/Journal: __________________________ Month & Year: __________
Paper/Journal: __________________________ Month & Year: __________
Paper/Journal: __________________________ Month & Year: __________

D. NDT Publications Other Than Papers:

Title: __________________________ Date: __________
Title: __________________________ Date: __________
Title: __________________________ Date: __________
Title: __________________________ Date: __________

13. Current Membership in Other Technical Societies:

Society: __________________________ Member Number: __________
Society: __________________________ Member Number: __________
Society: __________________________ Member Number: __________
Society: __________________________ Member Number: __________

This nomination is sponsored by [Print Name]: __________________________
Sponsor’s Signature: __________________________ Phone: __________________________ E-mail: __________________________
Sponsor’s Address: __________________________
City: __________________________ State: ______ ZIP: __________ Country: __________

Sponsor is: □ ASNT Fellow □ ASNT Board Member □ ASNT Section Chair □ National Awards Committee Member
Sponsoring Section Name: __________________________

Date Nomination Submitted: __________________________

All nominations must be completed online no later than 1 February 2017.