



FARE-Networked Support Group Medical Advisor Confirmation Form

Thank you for agreeing to serve as a medical advisor for the support group known as _____.
Medical advisors play a key role in enabling the support groups in our network to carry out educational programs and ensure the information they are sharing with their community is in line with FARE's efforts to promote evidence-based testing and treatment methods for food allergies.

Medical advisors are asked to confirm in writing their role for the group they are supporting. New medical advisors should complete this form, as well as submit a letter on their practice's letterhead stating their intention to serve as the group's medical advisor. If you are continuing in your role as medical advisor, we simply ask that you sign this form. Once we have your confirmation form on file, we will ask that the form be updated and signed every three years, in order to ensure you are still active in your role as medical advisor. If you are no longer able to continue in your role as medical advisor, we ask that you notify the Support Group Leader right away so he or she may seek out another board-certified allergist to fill this role.

By signing this confirmation form, I, _____ attest that:

- I am a board-certified allergist, and/or a member of FARE's Medical Advisory Board or Research Advisory Board.
- I am licensed to practice in the same state, or a neighboring state, as the state where the support group I advise is located.
- I will make myself available to the support group Leader to provide general (non-case specific) medical information as needed by the support group.
- I will remain familiar with support group activities through contact with the support group leader, and make an effort to support their programs and events as needed.
- Consistent with FARE's standards, I will only support evidence-based, peer-reviewed diagnosis and treatment methods for food allergy in all support group interactions. For example, I will support recommendations set forth in the NIAID Guidelines for the Diagnosis and Management of Food Allergy in the United States, and the practice parameter "Food allergy: A practice parameter update-2014," which describe currently accepted diagnostic and treatment strategies, and identifies strategies that are not currently recommended.
- I understand that serving as a support group medical advisor is a volunteer role, and I will not be compensated by either FARE or the support group listed above.

Signature

Date

Practice/Company Name, City, and State

Practice Phone Number

Support Group Name, City, and State

Support Group Leader Name

I give FARE permission to list my name and practice as this group's medical advisor on their public directory listing (www.foodallergy.org/support-groups). Directory acknowledgement for medical advisors is voluntary, and no contact information will be listed publicly.