

**COMMISSION OF
THE COUNCIL ON PERIPHERAL VASCULAR DISEASE
LEADERSHIP COMMITTEE**

NUMBER OF MEMBERS: 10-15 members

METHOD OF APPOINTMENT: Nominations for Leadership Committee officers and members of the Leadership Committee are solicited from the Scientific Council general membership. Nominations are forwarded to an ad-hoc Nominating Committee, chaired by the Immediate Past Chair of the Scientific Council, for election at the Scientific Council's membership at their Annual Business Meeting.

The Leadership Committee shall be comprised of:

- Council Chair
- Vice Chair (Chair-Elect)
- Immediate Past Chair (who also serves as the Chair of the Nominating Committee)
- Six to eight (6-8) At-Large Members (One At-Large Member must be a Early Career Investigator or Clinician; Representatives from various Councils which may include EPI, ClinCard, CVSA, CVN, CVRI, Stroke, HBPR, ATVB, KCVD)
- Chair, Program Committee
- Chair, Membership/Communications Committee
- Chair, Conference Planning
- Advocacy Ambassador
- Internal Liaison(s): Research Committee,
- External Liaison(s): NHLBI, SIR, SVS, SCAI
- Others as deemed appropriate by Council Chair
- Ex-officio: AHA President, President-Elect, and Immediate Past President

TERM OF OFFICE: Term shall be for two years unless otherwise specified. Terms shall be staggered to insure continuity. Members may be re-elected for one term.

FREQUENCY OF MEETINGS: The committee may meet face-to-face twice per year. Additional meetings, via teleconference, may be arranged as required.

RESPONSIBILITIES: To conduct the affairs of the Scientific Council in the intervals between regular meetings and carry out the objectives within the policies of the AHA.

1. Provide input into the AHA's science positions as they relate to the Scientific Council's given field of cardiovascular interest; guide and direct the Council's programs; anticipate and appraise areas of developing relevance to the Council's objectives and programs; develop recommendations for needed activities in the areas of science, medicine and research interests, and topics for conferences which the

- Scientific Council believes the AHA should address over the next three-to-five (3-5) years.
2. Identify members to serve on writing groups for Scientific Statements, advisories, and guidelines and to review journal articles, serve as journal editors and editorial board members.
 3. Provide input into community education and patient education programs.
 4. Explore and provide opportunities for early career investigators to interact/mentor with others in their field of interest.
 5. Involve the Council in Association-wide strategic planning.
 6. Provide nominations to SACC for AHA Officers, Board and National committee members and awards.
 7. Maintain ongoing, open communications and interaction with the Council Operations Committee to ensure appropriate fiscal oversight and decision making based on available funds.
 8. Partner with the Council Operations Committee and Membership Marketing Communications Committee, to identify methods to increase the membership when appropriate and to increase the participation of current members in Council and AHA activities including the activities of the Affiliates and divisions.
 9. Partner with the Membership Marketing Communications Committee, to facilitate the communication of science through: the Scientific Council's web page; content submitted for AHA Scientific Membership home page, and; content submitted for publication in the AHA Scientific Membership Quarterly Newsletter.

Reports to the Chairman of each Council Leadership Committee and reports to the Science Advisory & Coordinating Committee (SACC).

Approved by the AHA Board of Directors, February 22, 2002.
Revised by COC/SACC, June 22, 2005