



Organized Medical Staff Section Representative Certification Form

Every medical staff needs an informed point person to advocate for their interests and keep them up-to-date on national trends in medical staff affairs. Designate your OMSS representative today!

- OMSS representatives are selected by their medical staffs using whatever process the medical staff deems appropriate (e.g., election, appointment, etc.).
- Each medical staff may designate up to two representatives; additionally, the president or chief of staff may serve as a third representative if he or she is a physician member of the AMA. Please complete a separate form for each designated representative.
- OMSS representatives must be physician members of the AMA.

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|--|---------------------------------------|-----------------------------|
| _____ Representative name | | _____ Representative ME# |
| _____ Representative mailing address | | |
| _____ City | _____ State | _____ ZIP |
| _____ Representative phone | _____ Representative email address | |
| _____ Hospital/health system/organization name | | |
| _____ Hospital/health system/organization mailing address | | |
| _____ City | _____ State | _____ ZIP |
| <p>I hereby certify that the physician named above is a member of the medical staff of the hospital/health system/organization named above, and has been selected by the medical staff as our representative to the Organized Medical Staff Section of the American Medical Association.</p> | | |
| _____ Signature of Medical Staff President or Secretary, or designee | | _____ Date |
| _____ Title of signatory | | |

Email this completed form to omss@ama-assn.org or fax it to (312) 464-2450.