

**AMA Medical Student Section Business Meeting
Delegate and Alternate Delegate Credentials**

Email this form to mss@ama-assn.org no later than May 8, 2018.

Note: You must be an AMA Member to serve as a delegate or alternate delegate

Delegate Information

Name: _____

Medical School: _____

Email Address: _____

Duly selected to represent which in the 2018 MSS Annual Business Meeting (select one)?

- (a) Educational program, central campus
- (b) Educational program, satellite campus
- (c) National Medical Specialty Society (NMSS)
- (d) National Medical Student Organization (NMSO)
- (e) Professional Interest Medical Association (PIMA)
- (f) Federal Services

From above selection, please provide the name of the educational program, NMSS, NMSO, PIMA or Federal Services you are duly selected to represent:

Certified by Student Officer of (select one):

- (a) Educational Program
- (b) State Medical Student Section

Name of Certifying Student Officer: _____

Alternate Delegate Information

Name: _____

Medical School: _____

Email Address: _____

Duly selected to represent which in the 2018 MSS Annual Business Meeting (select one)?

- (a) Educational program, central campus
- (b) Educational program, satellite campus
- (c) National Medical Specialty Society (NMSS)
- (d) National Medical Student Organization (NMSO)
- (e) Professional Interest Medical Association (PIMA)
- (f) Federal Services

From above selection, please provide the name of the educational program, NMSS, NMSO, PIMA or Federal Services you are duly selected to represent:

Certified by Student Officer of (select one):

- (a) Educational Program
- (b) State Medical Student Section

Name of Certifying Student Officer: _____