



AMA Medical Student Section Governing Council Application

The AMA is committed to promoting diversity and inclusion in every facet of organized medicine, and encourages you to consider nominating diverse candidates such as historically underrepresented minorities, women, and international medical graduates for positions on AMA councils/committees.

Position: AMA-MSS Chair-Elect

AMA's Conflict of Interest Policy: Please review carefully the information provided at the end of this form.

Candidate Information:

| | |
|--|--------------------|
| Name: | |
| Address: | |
| City/State: | |
| Phone number: | |
| Email address: | |
| Date of Birth: | Place of Birth: |
| Medical School: | |
| Expected Graduation: | Medical Specialty: |
| Board Certification(s): | |
| Candidate is an AMA Member: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Candidate is an AMA Delegate: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| AMA Member Since: | |

Supporting Information:

Please submit the following materials to mss@ama-assn.org:

1. This completed application, including a signed acknowledgement of **AMA Conflict of Interest Policy** and a **Dean's Signature**
2. Your Curriculum Vitae and Statement of Interest
3. Endorsements/Letters of Recommendation – Optional
4. A professional headshot photo

Notify mss@ama-assn.org if you have any questions with your submission.

- **Acknowledgement of AMA Conflict of Interest Policy**
Please review carefully the AMA's Conflict of Interest Policy and Principles (which provide explanatory text and examples). If you are successful in attaining the AMA leadership position that you are seeking, you will need to complete and return a conflict of interest disclosure form.
- **Dean's Signature – REQUIRED**
Please acknowledge that you have discussed this time commitment and made appropriate arrangements with your dean or clinical preceptor by signing this document.
- **Current Curriculum Vitae which includes Current/Prior Leadership Positions**
Include current and prior leadership positions with position titles and dates of service and notable responsibilities.
- **Candidate's Statement of Interest**
Discuss (not more than 500 words) why you want to be a member of the MSS Governing Council, what you consider to be your major strengths/qualifications for the position, and what benefits you believe are likely to result from your participation.
- **Endorsements/Letters of Recommendation – Optional**
Your Speakers will allow the inclusion of 2 letters of endorsement in the Election Manual: one optional letter of endorsement by the Dean or Dean's representative from the medical school that the candidate is enrolled in, and one optional letter of endorsement by staff of the state society from the state the candidate attends medical school. No other letters of endorsement may be included in the Election Manual.
- **Electronic Photo**
Include a copy of an electronic photo that will appear in the Election Manual. To maintain photo quality, please submit as either a .jpeg or .png.
- **Internal Operating Procedures**
It is a requirement for all candidates to review the Campaign Rules within the [AMA-MSS Internal Operating Procedures](#) in its entirety before beginning their respective campaigns.

Diversity and Demographics

In order to attract the most diverse pool of candidates possible, we request the following self-reported diversity statement and optional demographic information. This information will be used in the internal deliberation of candidates and may be reported in aggregate form only. For applicants to organizations outside the AMA: this information will only be released to the

organization to which you are seeking appointment (1) if you are the AMA's selected nominee and (2) if you provide permission to do so.**

Candidate's Diversity Statement. Please describe how you will bring diversity to the position for which you are applying:

Demographics. The following questions are optional:

Are you Hispanic? ☐ Yes ☐ No

What is your self-identified race?

- ☐ White
- ☐ Black
- ☐ Asian
- ☐ American Indian/Alaska Native
- ☐ Pacific Islander
- ☐ Other:
- ☐ Prefer not to respond

What is your gender identity?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Other:
- ☐ Prefer not to respond

What is your sexual orientation?

- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual/Straight
- ☐ Other:
- ☐ Prefer not to respond

Would you describe yourself as having a disability/being differently-abled?

☐ Yes ☐ No

Explain, if desired:

****Optional Release to External Organization Positions** – For AMA nomination opportunities for external leadership positions: To further our mission of ensuring diverse representation, the AMA asks nominees if they would like to share the diversity statement and optional demographic information they have provided to us with the external organization for the position for which they have applied.

Please indicate your decision below:

☐ No. I choose NOT to authorize the AMA to share this diversity statement and optional demographic information on this form to any external organization.

☐ Yes. I authorize the AMA to share the diversity statement and optional demographic information I have provided in this application with the external organization to which I am applying for a position. I understand that the AMA will only include this optional diversity information if I am selected as a nominee.

AMA's Conflict of Interest Policy

Please review carefully the AMA's Conflict of Interest Policy.

All Council candidates, whether for Councils elected by the AMA House of Delegates or Councils whose members are appointed by the AMA Board of Trustees, must complete and return a conflict of interest disclosure form. Once the AMA receives your completed nomination, you will receive an email with a link to the disclosure form. Your nomination materials will not be considered complete until the form has been completed.

Instructions for completion will accompany the form. Disclosure forms completed by candidates for Councils elected by the House of Delegates will be posted on the "members only" portion of the AMA website in advance of the June, 2018 election.

If you are seeking nomination/appointment to a leadership position in another organization, please also review carefully that organization's conflict of interest policy to determine you will be able to comply. Please also familiarize yourself with the other organization's requirements/instructions for completion of any disclosure form.

If you have questions about the AMA's Conflict of Interest Policy, the AMA's Office of General Counsel is available to provide guidance.

Please confirm, by signing below, that you have reviewed the [AMA's Conflict of Interest Policy](#) and [Principles](#) and understand the guidance provided above.

Signature

Date

Dean's Signature – Required

The elected AMA Medical Student Section (MSS) Governing Council member should be available to attend the AMA MSS Governing Council Orientation (Jul. 14-15, 2017), the AMA Medical Student Section Interim and Annual Meetings (Nov. 9-11, 2017; Jun. 7-9, 2018), and the AMA Medical Student Advocacy and Region Conference (Mar. 8-10, 2018).

The Interim meeting is held each November and requires at least a 4-day time commitment (Thursday – Sunday). The Annual meeting is held each June in Chicago and also requires at least a 4-day commitment. The positions of Chair, Delegate, and Alternate Delegate are required to remain for the AMA House of Delegates meeting which entails an additional 2 days at Interim and 3 days at Annual. The AMA Medical Student Advocacy and Region Conference is a 3-day meeting (Thursday – Saturday) held early March in Washington, D.C. MSS Governing Council Meetings are held in conjunction with these three main meetings plus a stand-alone orientation for 1.5 days in July.

Please acknowledge that you have discussed this time commitment and made appropriate arrangements with your dean or clinical preceptor by signing below. The signature of your Dean or Advisor is required to acknowledge the time commitment involved in a Governing Council position and to verify that you are a student in good-standing with your medical school.

Candidate signature: _____

Dean/Advisor signature: _____