



Council/Committee Nomination Form---UPDATED

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.

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

Nominee Information

Name:

First Middle Initial Last

Address: _____
Street Address

City/State: _____

City State Zip Code

Telephone: _____ Fax: _____
Daytime Phone

Email address: _____

Date of Birth: _____ Place of Birth: _____

(mm/dd/yyyy) City and State

Medical School: _____

Graduated: _____ Medical Specialty: _____

Board Certification(s): _____

Nominee is an AMA Member: Yes No AMA Member Since: _____

Nominee is an AMA Delegate: Yes No

Nominee has agreed to serve: Yes No

Submitted By:

Name of person/organization submitting the nomination

Email Address: _____

Email address of person submitting the nomination

I nominate the above for the following Council/Committee:

Supporting Information

1. Current Professional Position and Responsibilities

(i.e. practice, administrative, research, academic)

2. Principal State and Specialty Medical Society Memberships and Faculty Appointments

(List most **current** positions held and dates of service.)

3. Current/Prior Membership on AMA Councils/Committees:

(List Councils or Committees and dates of service.)

4. Sponsor's Narrative Statement

(Describe nominee's accomplishments and contributions using not less than 50, nor more than 250 words.)

5. Candidate's Statement of Interest

(Not less than 50, nor more than 250 words.)

6. Endorsements

(Are welcome, but not required.)

Diversity and Demographics—Optional

In order to attract the most diverse pool of candidates possible, we request the following optional self-reported diversity statement and 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.**

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

8. 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, please identify:
- Prefer not to respond

What is your gender identity?

- Male
- Female
- Transgender
- Prefer not to respond

What is your sexual orientation?

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

****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 optional diversity statement and 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 optional diversity statement and demographic information on this form to any external organization.

Yes. I authorize the AMA to share the optional diversity statement and 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.

9. 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 by March 15, 2017. Your nomination materials will not be considered complete until your disclosure form has been completed and returned. The disclosure form will be available online—details forthcoming. In accordance with action by the House of Delegates at I-13, 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 2017 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.

As you carefully consider completion of your nomination materials, please also consider if there are pending matters, or matters which you anticipate may occur during your term of office, which could, in your view, reasonably be anticipated to adversely impact your ability to discharge fully the duties you are seeking—without embarrassment to yourself, to the AMA or to the other organization.

If you have questions about the AMA's Conflict of Interest Policy [or, in the case of Council candidates, completion of the required conflict of interest disclosure form], the AMA's Office of General Counsel is available to provide guidance. The General Counsel is also available to discuss any other matters you may wish to raise.

Please confirm, by signing your nomination form below, that you have reviewed the AMA's Conflict of Interest Policy and Principles, understand the guidance provided above, and, if elected/appointed to an AMA leadership position, will at that time complete the AMA conflict of interest disclosure form.

Signature

Date

Please email along with candidate's executive curriculum vitae (no more than 3 pages) to:
carolyn.carter-ellis@ama-assn.org