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**Application for Permission to Use Non- Journal AMA Content**

Email completed application to **AMAPermissionRequests@ama-assn.org**

**(Please allow 4 weeks for processing)**

**Date:**

**Contact Information (name, address, phone, EMAIL address) of party, entity or individual making request (“Requestor”):**

**Requestor Affiliations or Industry Relationships:**

**Description of Text, Images, Website Content, PowerPoint presentation, Audiovisual Recordings, etc. (“AMA Content”) to be Used:**

* Author, title, edition/volume, copyright date/year, web site (URL) address of **AMA Content**:
* Specific chapter name(s), article title(s), page number(s), image(s), table(s) or other AMA Content proposed to be used:
* Source citation, e.g. printed publication, online publication, web site link, etc.:
* Quantity/volume of AMA Content to be used (entirety of AMA Content? A portion?):

**DESCRIPTION OF Publication or Medium in which AMA Content will Appear (“Work”):**

**Check all applicable:** Hardcopy publication\* : Online/digital publication\*:

 Website\*: Photocopy: Other (specify):

\*If publication, include the following: author, title, chapter or article title, edition/volume, copyright month and year, publisher, city and state:

* Context in which AMA Content will be used:
* Proposed duration of the proposed use:
* Geographic territory of the proposed use:

**INTENDED AUDIENCE:**

**The above indicated use is:** Commercial \_\_ Educational \_\_\_\_

**Will the Work be sold or licensed or otherwise be used to generate any fee or revenue?** \_\_\_ If yes, what is the price and number of units that are expected to be sold, licensed and/or distributed?

**If for classroom educational use, please specify:**

 Complete AMA Content/publication distributed? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

 Students required to purchase AMA Content/publication? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

 Students charged for class (if yes, indicate cost)? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Price\_\_\_\_\_\_\_

 Students charged for classroom materials (if yes, indicate price)? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ Price\_\_\_\_\_\_\_

**If for online/digital publications or for use on a web site, please specify:**

 Access to Work password protected? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

 Number of people who will have access to the Work: Number: \_\_\_

Work accessible for a limited time? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

 Other restrictions on access available (if yes, please describe) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

**By submitting this Application, Requestor confirms that the information provided is accurate to the best of their knowledge. Note: Permission cannot be granted for usage of material that is not copyrighted by the American Medical Association. Requests for permission are granted at the AMA’s sole discretion. No permission is granted unless and until you receive a written permission letter from the AMA.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requestor/Entity Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**