# Board of Trustees Nomination Form – Medical Student

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.

**ALL APPLICATION MATERIALS MUST BE RECEIVED BY October 4, 2019 at 11:59pm Pacific Time**

## 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: N/A | Medical Specialty: N/A |
|  |  |
| Board Certification(s): N/A  |
|  |
| 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 position of:** |

## Supporting Information

1. Current Professional Position and Responsibilities

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

2. Current/Prior State and Specialty Medical Society Memberships and Affiliations, and Faculty Appointments

 (List current and past roles and 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 500 words.)

6. Endorsements

 (Are welcome, but not required.)

## 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.\*\*

**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:
* ☐ 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.

## 9. AMA's Conflict of Interest Policy

Please review carefully the [AMA's Conflict of Interest Policy](https://www.ama-assn.org/about/leadership/ama-conflict-interest-policy).

All nominees must complete a conflict of interest disclosure form between **October 16-26, 2019**. Upon the AMA’s receipt of your nomination submission, an email with details on how to access the disclosure form will be forthcoming. Your nomination materials will not be considered complete until your disclosure form has been completed and returned.

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 that 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 (ogc@ama-assn.org) is available to provide guidance.

Please confirm, by signing below, that you have reviewed the [AMA's Conflict of Interest Policy](https://www.ama-assn.org/ama-conflict-interest-policy) and [Principles](https://www.ama-assn.org/about-us/ama-board-trustees-conflict-interest-principles), and understand the guidance provided above.

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Signature Date

Medical Student Section Addendum

Please also submit the following items:

1. **Candidate’s Statement of Interest**

Submit a statement of interest (no more than 2 pages) detailing your reason for wanting to become a member of the AMA-BOT, the exceptional qualities/qualifications you possess that will enable you to serve effectively, your perception of the role of the student member of the AMA-BOT, what important issues are currently facing medical students and the medical profession, how you would prepare yourself (i.e., become knowledgeable) to address these

issues, including what resources you would use, and what suggestions for AMA action you might have.

1. **Current Curriculum Vitae (no more than 3 pages) which includes Current/Prior Leadership Positions**

Include current and prior leadership positions with titles, dates of service, and notable responsibilities.

1. **Sample Memo**

Write a sample memo to the Chair of the AMA-BOT persuading him or her to endorse and support the AMA-MSS in an issue that you have identified as significant to the MSS. Please be specific on the issue and the action you would like the Board to take.

1. **Endorsements/Letters of Recommendation**

Your Speakers will allow the inclusion of 2 optional letters of endorsement in the Elections 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 Elections Manual.

1. **Dean’s Signature**

Please acknowledge that you have discussed this time commitment and made appropriate arrangements with your dean or clinical preceptor by signing the document attached below.

1. **Electronic Photo**

Include a copy of an electronic photo that will appear in the election manual.

1. **Internal Operating Procedures and Speaker’s Ruling**

It is a requirement for all candidates to review the Speaker’s Ruling in its entirety before beginning their respective campaigns. Follow these links to find the [AMA MSS Internal Operating Procedures](https://www.ama-assn.org/sites/default/files/media-browser/public/mss/internal_oper_proced_0.pdf) and Speakers’ Ruling.

Please e-mail your application and accompanying materials to mss@ama-assn.org no later than October 4, 2019 at 11:59PM CT.

Of note, if you are elected to this position, you’ll be invited to join the rest of the Governing Council at a welcome dinner the evening of Saturday November 16, 2019!

**Acknowledgment of Time Commitment and Confirmation of Good Standing**

Please acknowledge that you have discussed the time commitment for this position and made appropriate arrangements with your dean or clinical preceptor by signing below. The signature of your Dean or Advisor is required (1) to acknowledge the time commitment involved in a Board of Trustees position and (2) to verify that you are a student in good-standing with your medical school.

Candidate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical School Dean or Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_