**Medical Student Section Governing Council Application – Interim 2019 (Chair-Elect)**

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

**Note: You must be a current AMA member to apply.**

AMA Medical Student Section (MSS) Governing Council members are expected to attend up to four Council meetings per year, lead the AMA National Medical Student Meetings (Annual and Interim) and the Medical Student Advocacy and Region Conference, and participate in conference calls as scheduled. Comprehensive review of agenda materials, punctual attendance of all in-person and virtual meetings, and regular communication is required. Due to the time commitment involved with these positions, applicants must obtain their Dean’s signature of approval.

Total term of service for Governing Council officers is one year, commencing after the Annual Meeting. **The Chair-elect/ Chair/ Immediate Past Chair term is two years, commencing after the Interim Meeting.**

**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, the AMA Medical Student Section Interim and Annual Meetings, and the AMA Medical Student Advocacy and Region Conference.

The 2020 Interim meeting is held November 14-17 in San Diego, CA and requires at least a 4-day time commitment (Thursday – Sunday). The 2020 Annual meeting is held June 6-10 in Chicago, IL and 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 2020 AMA Medical Student Advocacy and Region Conference is a 3-day meeting held March 5-7 in Washington, D.C.

Governing Council Meetings are held in conjunction with these three main meetings plus a stand-alone orientation for 2 days in late June or early 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.

[Click here to download the PDF for signature](https://www.ama-assn.org/system/files/2019-08/mss-iop-final.pdf)

**Endorsements/Letters of Recommendation - Optional**

Two letters of endorsement will be allowed 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.

**\*Expected Graduation Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Day** | **Year** |    |
|                            |                                                                  |                                              | Select a date |

Enter a date between 01-01-2010 and 12-31-2030.

**\***Governing Council position:

              

**\*Click here to acknowledge your attendance commitment:**

* I acknowledge my commitment

All application materials should be uploaded below for inclusion in the Election Manual. If signatures are not included on the uploaded documents, please have your Letters of Endorsement and Dean’s signature sent to: mss@ama-assn.org

**Supporting Information**

Please submit the following items as one attachment.

1. **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.

1. **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.

1. **Dean’s Signature - Required**

  [Click here to download the document](https://custom.cvent.com/BC3A8A7D98694E7CA16D8C00223B13BA/files/30a3ba7c2bbb4b19919e451bf034961e.pdf)

1. **Endorsements/Letters of Recommendation - Optional**

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1. **Electronic Photo**

To maintain photo quality, send an electronic photo (.jpeg) directly to mss@ama-assn.org for inclusion in the Election Manual.

1. **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. [AMA-MSS IOPs](https://www.ama-assn.org/system/files/2019-08/mss-iop-final.pdf)

## Conflict of Interest Policy

Please review carefully the AMA's Conflict of Interest Policy and Council Principles, which provide explanatory text and examples. Individuals who are successful in seeking an AMA Section Governing Council leadership position will need to complete and return a conflict of interest disclosure form.

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 review these documents, 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 license to practice medicine or your ability to discharge fully the duties you are seeking--without embarrassment to yourself or to the AMA (or the other organization).

If you have questions about these documents [including how to complete the conflict of interest disclosure form if you are elected/appointed], the AMA's General Counsel is available to provide guidance. Please contact Beth LaRocca, senior division counsel, at elizabeth.larocca@ama-assn.org, or Jacqueline Krupka, executive assistant, at jacqueline.krupka@ama-assn.org.

**\*Please confirm, by checking below, that you have reviewed the**[AMA's Conflict of Interest Policy](https://www.ama-assn.org/ama-conflict-interest-policy)**and Council 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.**

* Yes

**\***Upload all materials (#1 - 4) in one complied PDF document. Please include your name in the title. Send your photo to mss@ama-assn.org and notify us if you have any questions with your submission.