# logoama

# AMA Foundation Board of Directors Nomination Form – Medical Student

**Term:** One-year term, commencing June 2020. You must be a medical student and a member of the AMA throughout the term of service.

**Time commitment:** The AMA Foundation Board meets three times per year (Winter, Spring and Fall) for a one- or two-day meeting. Additional conference calls will be held throughout the year. In addition, Board members are encouraged to attend the activities of the Foundation at the AMA Annual Meeting in June and the AMA Interim Meeting in November. The Board has several committees on which the student representative will be appointed to serve and participate via conference call throughout the year.

**Application deadline:** 1:59 a.m. CT on January 31, 2020

**About the AMA Foundation:** Founded in 1950, the AMA Foundation’s mission is to improve health care through support of programs in medical education, research, and public health. Through partnerships with numerous donors, the AMA Alliance, AMA affiliations, and other organizations, the AMA Foundation works to advance the health of our nation’s communities and strengthen the patient-physician relationship with its better-health initiatives. The Foundation’s Board is comprised of at least 13 and no more than 24 members (including three from the AMA Board of Trustees, three AMA Alliance members and one medical student).

The student member of the AMA Foundation’s Board of Directors will play a key role in the Board’s activities throughout the year. Since a significant amount of the Foundation’s work involves scholarships and assistance programs for medical students, the student member of the Board will provide valuable insight to the Board’s deliberations. The student member of the Board will also play a leadership role with the AMA Foundation’s Student Ambassador Initiative. The purpose of the Student Ambassadors is to assist the Foundation in communicating its mission and programs to medical students, residents and physicians.

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

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.

## 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 | |
|  | |
|  | |

**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 250 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/ama-conflict-interest-policy).

All nominees must complete a conflict of interest disclosure form by **March 15, 2020**. 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](mailto: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/system/files/media-browser/council-conflict-of-interest-principles.pdf), and understand the guidance provided above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

## 10. AMA Medical Student Section Nomination Addendum

The following additional materials are **required**:

1. Dean/Advisor Signature (see next page)

Please acknowledge that you have discussed this time commitment and made appropriate arrangements with your Dean or Advisor by signing the document attached below. Signature also confirms medical student is in good standing at their medical school.

1. CV

Please attached candidate’s executive curriculum vitae (no more than 3 pages).

The following additional materials are **optional**:

1. Endorsements / Letters of Recommendation

You may include additional letters of recommendation. For example, you may include a letter of endorsement from a leader in organized medicine (i.e. your local or state medical society, specialty society, or AMA delegation who is familiar with your prior activities) or a supervisor or faculty member who can evaluate your professional aptitude.

1. Notification of Dean

In the case of my appointment, I would like my Dean to receive a congratulatory letter, informing them of my selection.

Yes

No

If yes, please include your Dean’s name, mailing address, and email address below:

Name:

Mailing address:

Email address:

**Dean/Advisor Signature – Required**

Candidates for the AMA Foundation Board must be medical students for the duration of the one-year term, which commences June 2020. The AMA Foundation Board meets three times per year (Winter, Spring and Fall) for a one- or two-day meeting. Additional conference calls will be held throughout the year. In addition, Board members are encouraged to attend the activities of the Foundation at the AMA Annual Meeting in June and the AMA Interim Meeting in November. The Board has several committees on which the student representative will be appointed to serve and participate via conference call throughout the year.

Please acknowledge that you have discussed this time commitment and made appropriate arrangements with your Dean or Advisor by signing below. The signature of your Dean or Advisor is required (1) to verify that your medical school is supportive of your application, (2) to acknowledge the time commitment involved in the AMA Foundation Board and that you will be permitted to attend all required Board meetings, (3) to verify that you are a student in good-standing with your medical school, and (4) to verify that you will be a medical student (or on approved leave from medical school) throughout your term as a Board member.

Candidate signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Dean/Advisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Submit all application materials to** [mss@ama-assn.org](mailto:mss@ama-assn.org) **by 1:59 a.m. CT on January 31, 2020**.