AMA AMERICAN MEDICAL ASSOCIATION | MEMBERSHIP MOVES MEDICINE™

Coach Application

_____ Name

_____ Phone

_____ Street Address

_____ Email

_____ City

_____ State and Zip

Years as an AMA Member _____

Years Practicing Medicine _____

Present Employer _____

Please describe your experience as a member of AMA. Please include past leadership experience, committee experience, and other relevant experience.

Please explain why you are interested in being a Coach.

What skills do you think are important for a Coach to possess as they work with medical students in their local sections?

Are you willing to commit to one year of service as a Coach? ◯ Yes ◯ No

Are you able to meet with the MSS Local Section at least once per month? ◯ Yes ◯ No

Are you able to commit to attend a one-day training at AMA Headquarters? ◯ Yes ◯ No

Please list the closest medical school to your home address _____

Please provide one letter of reference with your completed application, preferably from a Medical School Dean, in support of your intention to be a Coach.

Please submit your completed application to Shane P. McGoey, PhD, Director, Medical Student Section at shane.mcgoey@ama-assn.org. Thank you for your interest in serving as a Coach!