

**AMA Organized Medical Staff Section
Governing Council Application Form
2020 - 2022 Term**

Elections for all OMSS Governing Council positions will be held at the 2020 OMSS Annual Meeting, June 4-6 in Chicago. Any properly certified OMSS representative is eligible to run for any position.

Application materials must be submitted by **May 5, 2020**, in order to be included in the OMSS meeting handbook. Submit all materials to the AMA Department of Organized Medical Staff Services:

- Email (preferred): rick.abrams@ama-assn.org
- Fax: (312) 464-2450

PART 1 -- BIOGRAPHICAL INFORMATION

Select the Governing Council position for which you are applying. You may only apply for one position.

Chair

Delegate

Vice Chair

Alternate Delegate

Secretary

Member at-Large

Name

Hospital/health system/organization for which you are a certified OMSS representative

City

State

Email address

Phone number

Are you an active, voting member of the medical staff for which you serve as OMSS representative?

Yes

☐

No

☐

Yes

☐

No

☐

Do you hold clinical privileges at the organization for whose medical staff you serve as OMSS representative?

On average, how many hours per week do you practice clinical medicine?

Medical specialty

Education

PART 2 -- EXPERIENCE

Medical staff leadership positions held, including dates of service:

AMA leadership positions held, including dates of service:

State/county and specialty medical society leadership positions held, including dates of service:

Professional appointments:

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Other relevant activities:

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PART 3 -- STATEMENT OF INTEREST AND DIVERSITY STATEMENT

Why are you interested in serving in this elected position?

How will you bring diversity to the position for which you are applying?

PART 4 -- DEMOGRAPHIC INFORMATION (OPTIONAL – For internal purposes only)

In order to ensure that we are attracting a diverse pool of candidates for leadership positions, the AMA is seeking to collect demographic information on all applicants/nominees/candidates for AMA Council and Committee positions, including Section Governing Council positions.

Any personal information collected in Part 4 of the application will not be shared with the OMSS Assembly or with any other AMA members. It will be used in aggregate form for internal purposes only, with no personally identifiable information shared. Completion of Part 4 is optional.

Are you Hispanic?

Yes

No

Prefer not to respond

What is your self-identified race? (select all that apply)

White

Native American/Alaska Native

Black

Pacific Islander

Asian

Other:

Prefer not to respond

What is your gender identity?

Male

Non-binary

Female

Transgender

Prefer not to respond

Other:

What is your sexual orientation?

Bisexual

Heterosexual/straight

Gay or lesbian

Other:

Prefer not to respond

Would you describe yourself as having a disability/being differently-abled?

Yes – please explain if desired:

No


Prefer not to respond

PART 5 -- AMA CONFLICT OF INTEREST POLICY

All applicants must complete a conflict of interest disclosure form by **May 5, 2020**. Upon the AMA's receipt of your application, instructions on how to access the disclosure form will be sent to you. Your materials will not be considered complete until your disclosure form has been completed and returned.

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 and Principles](#), and understand the guidance provided above.


Signature

Date

PART 6 -- VERIFICATION OF REPRESENTATIVE STATUS

Only currently certified OMSS representatives are eligible for election to the OMSS Governing Council.

Verify your continuing status as an OMSS representative by submitting the following form, signed by your medical staff president or secretary, or designee.

Representative name

Hospital/health system/organization name

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Hospital/health system/organization city and state

I hereby certify that the physician named above is a member of the medical staff of the hospital/health system/organization named above, and has been selected by the medical staff as our representative to the Organized Medical Staff Section of the American Medical Association.

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Signature of Medical Staff President or Secretary, or designee

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Date

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Title of signatory

Submit to AMA Department of Organized Medical Staff Services:

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