

**Integrated Physician Practice Section
Governing Council Nomination Application, 2020-2021 Term**

Elections for all IPPS Governing Council positions will be held at the 2020 IPPS Interim Meeting, November 13 in San Diego (contingent on COVID-19 status). Any certified IPPS Associate representative is eligible to run.

Nominations must be submitted by October 1, preferably via email at carrie.waller@ama-assn.org

- Vice Chair
- Alternate Delegate
- Large group seat (351 physicians or more)

PART 1 -- BIOGRAPHICAL INFORMATION

Name _____

Health system/organization you represent

of physicians in system

Title

Mailing address

City

Phone number

State

ZIP code

Your medical specialty

PART 2 -- STATEMENT OF INTEREST AND DIVERSITY STATEMENT

What is your leadership experience in physician-led, integrated health care organizations?

Why are you interested in serving in this elected position?

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

PART 3 -- DEMOGRAPHIC INFORMATION (OPTIONAL)

In order to ensure that the AMA is 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 IPPS 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 3 is optional.

Are you Hispanic?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to respond
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What is your self-identified race?

<input type="checkbox"/>	White	<input type="checkbox"/>	Native American/Alaska Native
<input type="checkbox"/>	Black	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	Prefer not to respond		

What is your gender identity?

<input type="checkbox"/>	Male	<input type="checkbox"/>	Transgender
<input type="checkbox"/>	Female	<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	Prefer not to respond		

What is your sexual orientation?

<input type="checkbox"/>	Bisexual	<input type="checkbox"/>	Heterosexual/straight
<input type="checkbox"/>	Gay or lesbian	<input type="checkbox"/>	Other: <input type="text"/>
<input type="checkbox"/>	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 4 -- AMA CONFLICT OF INTEREST POLICY

Please review carefully the [AMA's Conflict of Interest Policy](#).

All nominees must complete a conflict of interest disclosure form by **October 1, 2020**. Your nomination materials will not be considered complete until your disclosure form has been completed.

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

For questions about any part of this form: Please contact carrie.waller@ama-assn.org,
312-464-4546.