

**Integrated Physician Practice Section
Governing Council Nomination Application, 2021-2023 Term**

Elections for all IPPS Governing Council positions will be held at the IPPS June 6, 2021 virtual meeting. Any certified IPPS Associate representative is eligible to run.

Nominations must be submitted by **May 7, 2021**, preferably via email at carrie.waller@ama-assn.org

Select the Governing Council position for which you are running:

- | | |
|---|---|
| <input type="checkbox"/> Chair | <input type="checkbox"/> Member at-Large |
| <input type="checkbox"/> Vice Chair | <input type="checkbox"/> Member at-Large |
| <input type="checkbox"/> Delegate | <input type="checkbox"/> Large group seat (351 physicians or more) |
| <input type="checkbox"/> Alternate Delegate | <input type="checkbox"/> Small/medium group seat (350 physicians and under) |

PART 1 -- BIOGRAPHICAL INFORMATION

Name/Title

Health system/organization you represent

of physicians in system

Mailing address

City

State

ZIP code

Phone number

Email address

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?

Yes No Prefer not to respond

What is your self-identified race?

White Native American/Alaska Native
 Black Pacific Islander
 Asian Other:
 Prefer not to respond

What is your gender identity?

Male Transgender
 Female Other:
 Prefer not to respond

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 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 **May 21, 2021**. 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 (a typed signature is sufficient)

Date

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