# Elected Council Application Form

The AMA is committed to promoting diversity and inclusion in every facet of organized medicine and encourages submissions from diverse applicants such as historically underrepresented minorities, women, and international medical graduates for positions on AMA councils.

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

## Applicant Information

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | |  |
| First | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | | Cell Phone: | |
| Daytime Phone | |  | |
| Email address: | | | |
|  | | | |
| Date of Birth: | | Place of Birth: | |
| (mm/dd/yyyy) | | City and State | |
| Medical School: | | | |
|  | | | |
| Graduated: | | Medical Specialty: | |
|  | |  | |
| Board Certification(s): | | | |
|  | | | |
| Applicant is an AMA Member:  Yes  No AMA Member Since: | | | |
| Applicant is an AMA Delegate:  Yes  No | | | |
| Applicant has agreed to serve:  Yes  No | | | |
| Submitted By: | | | |
| Name of person/organization submitting the application | | | |
| **Email Address**: | | | |
| Email address of person submitting the application | | | |
| **Council/Committee:** | | | |

## Supporting Information

**1. Statement of Interest**

(Not less than 50, nor more than 250 words.)

## 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.

**2. Diversity Statement**. Please describe how you will bring diversity to the position for which you are applying.

**3. Demographics.** The following questions are optional:

Are you Hispanic?

* Yes
* No

* Prefer not to say

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

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Other:
* Prefer not to say

What is your gender identity? (Select all that apply)

* Agender
* Cisgender
* Female
* Genderqueer
* Male
* Non-binary/third gender
* Transgender
* Two-spirit (for those individuals who identify as American Indian or Alaska Native)
* A gender not listed
* Prefer to self-describe:

* Prefer not to say

What is your sexual orientation?

* Asexual
* Bisexual
* Gay or lesbian
* Heterosexual/Straight
* Queer
* Prefer to self-describe:
* Prefer not to say

Would you describe yourself as a person who identifies as having a disability?

* Yes
* No

Explain if desired:

Are you an international medical graduate?

* Yes
* No
* Prefer not to say

## 4. 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 Council applicants must complete a conflict of interest disclosure. Upon the AMA’s receipt of your application, details on how to access the disclosure form will be sent via email. Your application 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](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/corp/media-browser/council-conflict-of-interest-principles.pdf) and understand the guidance provided above.

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Signature Date

Please email this form along with candidate’s (3-page) executive curriculum vitae by

**March 15, 2024** to: [bot@ama-assn.org](mailto:bot@ama-assn.org)

For questions, please contact Nadine Siewnarine: [**nadine.siewnarine@ama-assn.org**](mailto:nadine.siewnarine@ama-assn.org)