

**Integrated Physician Practice Section
Governing Council Nomination Application, 2023-2025 Term**

Elections for the IPPS Governing Council position will be held at the 2023 IPPS Annual Meeting, June 9 in Chicago, IL. Any certified IPPS Associate representative is eligible to run.

Nominations must be submitted by May 1, 2023, preferably via email at carrie.waller@ama-assn.org

Please check the box next to the seat you are running for.

Chair	Member at-large
Vice-chair	Large group seat (351+ physicians)
Delegate	Small/Medium group seat (350 or fewer physicians)
Alternate delegate	

PART 1 -- BIOGRAPHICAL INFORMATION

Name

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 15, 2023**. 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.