

**Integrated Physician Practice Section  
Governing Council Nomination Application, 2022-2023 Term**

Elections for the IPPS Governing Council position will be held at the 2022 IPPS Interim Meeting, tentatively scheduled for Nov 11, in Honolulu, HI. (Meeting date is not yet confirmed.) Any certified IPPS Associate representative is eligible to run.

Nominations must be submitted by Oct 1, 2022, preferably via email at [carrie.waller@ama-assn.org](mailto:carrie.waller@ama-assn.org)

**The open seat on the Governing Council is:**

- Small/medium group seat (350 physicians or fewer)

**PART 1 -- BIOGRAPHICAL INFORMATION**

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Name

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Health system/organization you represent

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# of physicians in system

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Mailing address

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City

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State

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ZIP code

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Phone number

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Email address

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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 3 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 **Oct 15, 2022**. 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](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 and Principles](#), and understand the guidance provided above.

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Signature (please type your name)

\_\_\_\_\_

Date

**For questions about any part of this form:** Please contact [carrie.waller@ama-assn.org](mailto:carrie.waller@ama-assn.org),  
312-464-4546.