



2022 Private Practice Physician Section (PPPS) Governing Council Nomination Form

The AMA is committed to promoting diversity and inclusion in every facet of organized medicine, and encourages you to consider nominating diverse candidates such as historically underrepresented minorities, women, and international medical graduates for positions on AMA councils/committees.

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

Nominee Information

Name:

First

Middle Initial

Last

Address:

Street Address

City/State:

City

State

Zip Code

Telephone:

Fax:

Daytime Phone

Email address:

Date of Birth:

(mm/dd/yyyy)

Place of Birth:

City and State

Medical School:

Graduated:

Medical Specialty:

Board Certification(s):

Nominee is an AMA Member:

Yes

No

AMA Member Since:

Nominee is an AMA Delegate:

Yes

No

Nominee has agreed to serve:

Yes

No

Submitted By:

Name of person/organization submitting the nomination

Email Address:

Email address of person submitting the nomination

I am running/submitted a nomination for the AMA-PPPS Governing Council position of (check box below):

Chair-Elect

Delegate

Alternate Delegate

Member-at-Large (1-8 physician practice)

Member-at-Large (9-50 physician practice)

Supporting Information

******Complete the attached biographical sketch on pages 7 – 8.******

1. Current Professional Position and Responsibilities
(i.e. practice, administrative, research, academic)

2. Current/Prior State and Specialty Medical Society Memberships and Affiliations, and Faculty Appointments
(List current and past roles and positions held and dates of service.)

3. Current/Prior Membership on AMA Councils/Committees:
(List Councils or Committees and dates of service.)

4. Sponsor's Narrative Statement (*if applicable*)
(Describe nominee's accomplishments and contributions using not less than 50, nor more than 250 words.)

5. Candidate's Statement of Interest
(Not less than 50, nor more than 250 words.)

6. Endorsements
(Are welcome, but not required.)

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. For applicants to organizations outside the AMA: this information will only be released to the organization to which you are seeking appointment (1) if you are the AMA's selected nominee and (2) if you provide permission to do so.**

7. Candidate's Diversity Statement. Please describe how you will bring diversity to the position for which you are applying.

8. Demographics. The following questions are optional:

Are you Hispanic?

Yes

No

What is your self-identified race?

White

Black

Asian

American Indian/Alaska Native

Pacific Islander

Other:

Prefer not to respond

What is your gender identity?

Male

Female

Transgender

Other:

Prefer not to respond

What is your sexual orientation?

Bisexual

Gay or lesbian

Heterosexual/Straight

Other

Prefer not to respond

Would you describe yourself as having a disability/being differently-abled?

Yes

No

Explain if desired:

****Optional Release to External Organization Positions** – For AMA nomination opportunities for external leadership positions: To further our mission of ensuring diverse representation, the AMA asks nominees if they would like to share the diversity statement and optional demographic information they have provided to us with the external organization for the position for which they have applied.

Please indicate your decision below:

No. I choose NOT to authorize the AMA to share this diversity statement and optional demographic information on this form to any external organization.

Yes. I authorize the AMA to share the diversity statement and optional demographic information I have provided in this application with the external organization to which I am applying for a position. I understand that the AMA will only include this optional diversity information if I am selected as a nominee.

9. AMA's Conflict of Interest Policy

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

All Council nominees must complete a conflict of interest disclosure. Upon the AMA's receipt of your nomination submission, an email with details on how to access the disclosure form will be sent. Your nomination materials will not be considered complete until your disclosure form has been completed and returned.

If you are seeking nomination/appointment to a leadership position in another organization, please also review carefully that organization's conflict of interest policy to determine that you will be able to comply. Please also familiarize yourself with the other organization's requirements/instructions for completion of any disclosure form.

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

Please email this completed form with all required documentation by Friday, April 29, 2022, to Marissa.Sanders@ama-assn.org.

Continue to the mandatory Biographical Sketch on the next page.

E. Organized Medicine (medical association) Memberships and Experience

Empty box for E. Organized Medicine (medical association) Memberships and Experience

F. Honors/Awards

Empty box for F. Honors/Awards