



2022 Senior Physicians Section Governing Council 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 Name Middle Initial Last Name

Address: _____
Street Address

City, State & Zip Code: _____
City State Zip Code

Telephone: _____ Fax: _____

Email address: _____

Date of Birth: _____ Place of Birth: _____
(mm/dd/yyyy) 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 this nomination

Email address: _____
Email address of person submitting this nomination

I am running for the AMA-SPS Governing Council position of (check box below):

- Delegate – Two-year Term
- Alternate Delegate – Two-year Term
- Officer At-Large – Two-year Term

Supporting Information

1. Complete the attached Biographical Sketch.
2. Candidate’s Statement of Interest
(Not less than 50, no more than 250 words. This copy will appear on the SPS GC ballot.)

3. Photo
(JPG electronic photo [headshot] required.)
4. Endorsements (*optional*)
(Welcomed, but not required. Only organizational endorsements will be listed on the ballot. A maximum of 2 endorsements are allowed for each candidate.)

Name of organization providing endorsement

Name of organization providing endorsement

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.**

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

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.

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 form along with required documentation by Monday, February 28, 2022 to sps@ama-assn.org; or mail to:

Alice Reed
Group Manager
Senior Physicians Section
330 North Wabash Avenue, Suite 39300
Chicago, IL 60611
Phone: (312) 953-5192

Please also submit the candidate biosketch form (no more than 2 pages – per item number 1 above under the heading Supporting Information) along with this form.