**AMA Young Physicians Section (YPS) Candidate Questionnaire**

Email completed form to [yps@ama-assn.org](http://www.ama-assn.org/resources/doc/yps/yps%40ama-assn.org).

**Nominee Information**

|  |  |  |
| --- | --- | --- |
| Name:  |  |  |
| First | Middle Initial | Last |
| Address:  |
| Street Address |  |
| City/State:  |  |  |
| City | State | Zip Code |
| Telephone:  | Fax: |
| Daytime Phone |  |
| E-mail address:  |
| **I am running for the position of:**  |
| **Please describe what you have done to advance the interests of the YPS**: |
| **How do you plan to increase the voice of the YPS?**  |
| **If you are selected for this position, how will promote the cause of the YPS?** |
| **What do you think are the most important issues for young physicians over the next 5-10 years, and how can you help the YPS achieve these goals?** |

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**Signature Date**

***Completed questionnaires should be sent via e-mail (with the applicant’s signature) to yps@ama-assn.org***