# AMA Young Physicians Section (YPS) Endorsement Questionnaire

Email completed form to [yps@ama-assn.org](http://www.ama-assn.org/resources/doc/yps/yps@ama-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 AMA 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 and its role in the AMA?** | | | |
| **What do you think the role of the YPS should be in the AMA?** | | | |

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| --- |
| **What will you work for as a member of this council/board to promote the cause of the YPS in the AMA?** |
| **What do you think are the most important issues for young physicians over the next 5-10 years, and what role can the AMA play in that or how can you help the YPS achieve these goals?** |

**Have you engaged in conduct in violation of the AMA Policy on Conduct at AMA Meetings?**

**Please explain:**

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**Has any remedial action been imposed on you by the AMA code of conduct committee, AMA HR, or any professional organization? Please explain:**

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**By signing this form I declare these statements to be truthful.**

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Signature Date

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