**AMA Young Physicians Section (YPS) Candidate 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 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***](mailto:yps@ama-assn.org)