



## **AMA Minority Affairs Section Governing Council Nomination Form – Physician (MD or DO) candidates only**

**(NOTES: Medical students must use the [Medical Student Section form](#), which is due Dec. 17, 2023.)**

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.

### **MAS GOVERNING COUNCIL POSITIONS AVAILABLE** (Terms begin June 2024)

Check the one position for which this nomination form is being submitted:

- Medical Student Section Representative (One year term. Incumbent is eligible for another term.)
- Resident & Fellow Section Representative (Two year term. Incumbent is eligible for another term.)
- MAS Delegate to the AMA House of Delegates (Three year term. Incumbent is eligible for another term.)

#### **MAS GC Terms:**

One year: MSS Representative

Two years: RFS Representative

Three years: YPS, AAIP, NHMA, NMA, Delegate, At-Large Representatives

**Time commitment:** AMA Governing Councils typically meet three times each year, usually in June and November, with one other meeting date TBA. Governing Council members also participate in regular conference calls.

**Application deadline:** February 23, 2024 at 11:59 p.m. Pacific Time. Email this form and supporting materials to [craig.johnson@ama-assn.org](mailto:craig.johnson@ama-assn.org) with subject line “MAS 2024 ELECTION.”

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

## Nominee Information

Name:

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First Middle Initial Last

Address:

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Street Address

City/State:

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City State Zip Code

Telephone:

Fax:

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Daytime Phone

Email address:

Date of Birth:

Place of Birth:

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(mm/dd/yyyy) City and State

Medical School:

Graduated:

Medical Specialty:

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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:**

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Name of person/organization submitting the nomination

Email Address:

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Email address of person submitting the nomination

## Supporting Information

### 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

(Describe nominee's accomplishments and contributions using not less than 50, nor more than 250 words.)

### 5. Candidate's Statement of Interest

***IMPORTANT!*** *Candidate's statements will appear as part of the election ballot, along with a photo and link to the candidate's resume / CV.*

(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 form by **January 3, 2024**. Upon the AMA's receipt of your nomination submission, an email with details on how to access the disclosure form will be forthcoming. 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](mailto: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

### **SUBMISSION DEADLINE**

**Submit all application materials in a single email to [craig.johnson@ama-assn.org](mailto:craig.johnson@ama-assn.org) by 11:59 p.m. Pacific Time on February 23, 2024 using subject line "MAS 2024 ELECTION."**