# Council/Committee Nomination 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 | Middle Initial | | Last |
| Address: | | | |
| Street Address | | |  |
| City/State: |  | |  |
| City | State | | Zip Code |
| Telephone: | |  | |
| Daytime Phone | |  | |
| 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 the application | | | |
| **Email Address:** | | | |
| Email address of person submitting the application | | | |
|  | | | |
| **Council/Committee: CPT Assistant Editorial Board** | | | |

## Supporting Information

1. **Current Professional Position and Responsibilities**

(i.e. practice, administrative, research, academic)

1. **Current/Prior State and Specialty Medical Society Memberships and Affiliations, and Faculty Appointments**

(List most **current** positions held and dates of service.)

1. **Current/Prior Membership on AMA Councils/Committees**

(List Councils or Committees and dates of service.)

1. **Applicant’s Statement of Interest**

(Not less than 50, nor more than 250 words.)

1. **Sponsor’s Narrative Statement**

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

Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List technical expertise and publications that bear on coding or related clinical topics:**  
   (Are required.)
2. **List of previous specialty-specific coding experience**

(Are 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\*.

1. **Candidate’s Diversity Statement**. Please describe how you will bring diversity to the position for which you are applying.
2. **Demographics.** The following questions are optional:

Are you Hispanic?

* Yes
* No

* Prefer not to say

What is your self-identified race? (Select all that apply)

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White
* Other:
* Prefer not to say

What is your gender identity? (Select all that apply)

* Agender
* Cisgender
* Female
* Genderqueer
* Male
* Non-binary/third gender
* Transgender
* Two-spirit (for those individuals who identify as American Indian or Alaska Native)
* A gender not listed
* Prefer to self-describe:

* Prefer not to say

What is your sexual orientation?

* Asexual
* Bisexual
* Gay or lesbian
* Heterosexual/Straight
* Queer
* Prefer to self-describe:
* Prefer not to say

Would you describe yourself as having a disability/being differently abled?

* Yes
* No

Explain if desired:

Are you an international medical graduate?

* Yes
* No
* Prefer not to say

\*\***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 optional diversity statement and 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.

## 10. AMA's Conflict of Interest Policy

Please review carefully the [AMA's Conflict of Interest Policy](https://www.ama-assn.org/ama-conflict-interest-policy).

All Council applicants must complete a conflict of interest disclosure. Upon the AMA’s receipt of your application, details on how to access the disclosure form will be sent via email. Your application 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](https://www.ama-assn.org/ama-conflict-interest-policy) and [Principles](https://www.ama-assn.org/system/files/corp/media-browser/council-conflict-of-interest-principles.pdf) and understand the guidance provided above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

For questions, please contact Caitlin Mora: [**caitlin.mora@ama-assn.org**](mailto:Caitlin.Mora@ama-assn.org)