# 2025 AMA-RFS Sectional Alternate Delegate Application

Sectional Alternate Delegates are voting members representing the interests of residents and fellows in the House of Delegates. The alternate delegates are credentialed representatives who must be AMA members. They represent various constituencies, such as state and specialty medical societies. Each Alternate Delegate must receive written endorsement from a society or organization currently seated in the House of Delegates. This is a one-year term.

The primary responsibilities of Sectional Delegates/Alternates are as follows:

Fully attend the 2025 Annual meeting in Chicago, IL, June 6–11, and the 2025 Interim meeting in National Harbor, MD, Nov. 14–18.

* Assist in the policy review process, which takes place in the month leading up to the meetings, by reviewing resolutions and attending virtual team meetings
* Attend all RFS caucus meetings, both virtual and in-person, to assist our caucus in developing stances on resolutions
* Attend and participate in state and specialty society review processes as a way to strategize and advocate on behalf of RFS priorities

**Application Checklist:**

1. Application Form;
2. Endorsement from State or Specialty Society; and
3. Professional headshot

**Please submit the completed application to** **rfs@ama-assn.org** **by Jan. 11.**

**Section I: Applicant information**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pronouns (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials (MD/DO/MPH): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PGY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected graduation date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section II: Program Director***

*Instructions: Following the election, the AMA will send your program director a letter letting them know you were elected to a position. In that letter, we will also explain your national role and attendance expectations concerning meetings.*

● What is your Program Director’s name and credentials? (i.e., John Smith, MD, PhD)

● What is your Program Director’s email address?

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● What institution are you associated with for training?

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**Section III: Acknowledgements**

Instructions: Please read through the following acknowledgment statements and indicate your

agreement. If you break any of these acknowledgments of expectations, you may be removed

from your position.

● I agree to fully attend the Annual 2025 meeting (June 6-11, Chicago, IL) and the Interim

2025 meeting (Nov 14-18, National Harbor, MD). I acknowledge that I am responsible for

securing time off with my program director to attend these meetings to fulfill my duties

as an RFS Sectional Delegate or Alternate Delegate.

● I acknowledge that securing an endorsement does not imply funding. It is my

responsibility to secure funding to attend the Annual 2025 meeting (June 6-11, Chicago,

IL) and the Interim 2025 meeting (Nov 14-18, National Harbor, MD)

● I acknowledge that I have read the position description and understand the time

commitment expectations

Applicant Signature: Date:

 (MM/DD/YYYY)

**Please submit this completed application along with the following items to** **rfs@ama-assn.org** **by Jan. 11:**

* Endorsement from State or Specialty Society; and
* Professional headshot