# Council on Legislation-Resident seat

The AMA is committed to promoting diversity and inclusion in every facet of organized medicine and encourages submissions from diverse applicants 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.

## Applicant Information

|  |  |  |
| --- | --- | --- |
| Name:       |       |       |
| First | Middle Initial | Last |
| Address:       |
| Street Address |  |
| City:       | State       | Zip Code       |
| City | State | Zip Code |
| Cell Phone:       | Office Phone:       |
|  |  |
| Email address:       |
|  |
| Date of Birth:       | Place of Birth:       |
| (mm/dd/yyyy) |  |
| Medical School:       |
|  |
| Year Graduated:       | Medical Specialty:       |
|  |
| Board Certification(s)**:**       |
|  |
| Applicant is an AMA Member: [ ]  Yes [ ]  No AMA Member Since:       |
| Applicant is an AMA Delegate: [ ]  Yes [ ]  No |
| Applicant has agreed to serve: [ ]  Yes [ ]  No |
| Submitted By:       |
|  |
| **Email Address:**       |
|  |
| **Council/Committee:**       |

## 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. Applicant’s Statement of Interest

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

5. Sponsor's Narrative Statement

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

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

## 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. Your responses to Questions 6 and 7 below will be shared on an as-needed basis only with limited AMA staff and AMA Board of Trustee members in the internal deliberation of applicants for purposes of creating a diverse and balanced group of individuals forming AMA councils/committees. The data provided will be kept confidential and will be stored on secure AMA servers in password protected folders. Additional information on AMA processing of this data is available in its Privacy Notice, available at https://www.ama-assn.org/about/privacy-policy, which has been made publicly available. Your response to Questions 6 and 7 below is completely voluntary. If, at any time, you decide you would like to make changes to or revoke permission for the AMA to use the data submitted in response to the following questions, you may complete the [AMA Data Privacy Request Form](https://privacyportal.onetrust.com/webform/c29b8b68-1b85-4959-87b1-d00ea290895c/67b1ef55-d3fe-420c-a479-a93554ae012c).

Please indicate your selection below.

[ ]  Yes. I authorize the AMA to process my demographic information as described above.

[ ]  No. I choose NOT agree to the processing of my demographic information as described above.

**For AMA nomination opportunities for external leadership positions only**, your responses to Questions 6 and 7 below will be shared on an as-needed basis only with the external organization for which position you have applied if you are the AMA’s selected nominee (based on your permission provided below) for purposes of ensuring diverse representation in the formation of councils/committees. Additional information on AMA processing of this data is available in AMA’s Privacy Notice, available at https://www.ama-assn.org/about/privacy-policy, which has been made publicly available. Your response to Questions 6 and 7 below is completely voluntary. If, at any time, you decide you would like to make changes to or revoke permission for the AMA to use the data submitted in response to the following questions, you may complete the [AMA Data Privacy Request Form](https://privacyportal.onetrust.com/webform/c29b8b68-1b85-4959-87b1-d00ea290895c/67b1ef55-d3fe-420c-a479-a93554ae012c).

**Please indicate your selection below**:

[ ]  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, as outlined above. I understand that the AMA will only include this optional diversity information if I am selected as a nominee.

[ ]  No. I choose NOT to authorize the AMA to share this diversity statement and optional demographic information on this form to any external organization.

**6. Diversity Statement**. Please describe how you will bring diversity to the position for which you are applying.

**7. 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

## 8. 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) 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:**

Please email this form along with candidate’s (3-page) executive curriculum vitae by

**March 17, 2025** to: bot@ama-assn.org

For questions, please contact Nadine Siewnarine: **nadine.siewnarine@ama-assn.org**