Appointed Council/Committee Application Form

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:

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

Endorsed by: **(n/a for Disability Advisory Group)**

(Optional endorsement letter single page maximum may be submitted, but not required)

Email Address:

Council/Committee: Disability Advisory Group

Supporting Information (limit responses to the experiences you believe best qualify you for this position)

1. Current Professional Position and Responsibilities with dates of service.
   (*i.e., practice, administrative, research, academic*)

2. Current/Prior National, State, and Specialty Medical Society Memberships and Affiliations, and Faculty Appointments
   (*List current and past roles and positions held and dates of service that pertain to this position.*)

3. Current/Prior Membership on AMA Councils/Committees (e.g., the Disability Advisory Group):
   (*List Councils or Committees and dates of service.*)

4. Applicant's Statement of Interest and what you bring to the position.
   (*Not more than 100 words.*)

5. Applicant's Statement of perspective and experience.
   (*Not more than 100 words.*)

6. How do you describe the difference between the medical and social models of disability?
   (*Not more than 100 words.*)

The following demographic questions (#7 – 11) are optional. Your responses may may be shared, on an as needed basis, with designated staff and the Advisory Group Chair(s). Information about applicants' lived experience is considered as part of the selection process to help create a diverse and balanced advisory group that reflects a broad range of perspectives and promotes disability justice and health equity. Any demographic data provided will be kept confidential and used in accordance with applicable privacy requirements. Additional information about how this data is collected, processed and protected is available in our Privacy Notice, at https://www.ama-assn.org/about/privacy-policy, which is publicly available.

Application data will be stored on secure AMA servers in password protected folders.

If, at any time, you decide you would like to change or revoke your permission for the AMA to use the data in the following questions, you may do so by completing the AMA Data Privacy Request Form.

I agree with the data use and privacy terms above. Select one.

- ☐ Yes, I agree.
- ☐ No, I do not agree.

7. With which type(s) of disability do you identify? Select all that apply.
   - ☐ Chronic illness
   - ☐ Cognitive
   - ☐ Communication
   - ☐ Hearing
   - ☐ Learning
   - ☐ Mobility
   - ☐ Neurodiverse
   - ☐ Psychiatric
   - ☐ Vision
   - ☐ Other disability (please specify):
   - ☐ I prefer not to provide this information

8. With which racial and/or ethnic group(s) do you identify? Select all that apply.
   - ☐ American Indian, Alaska Native or Native American
   - ☐ Asian or Asian American
   - ☐ Black or African American
   - ☐ Hispanic or Latina/Latiné/Latino/Latinx
   - ☐ Middle Eastern or North African
   - ☐ Native Hawaiian or Pacific Islander
   - ☐ White
   - ☐ Other race or ethnicity (please specify):
   - ☐ I prefer not to provide this information

9. What is your gender identity? Select all that apply.
   - ☐ Female
   - ☐ Genderqueer
   - ☐ Male
   - ☐ Nonbinary
   - ☐ Other gender identity (please specify):
   - ☐ I prefer not to provide this information

10. Do you identify as transgender?
   - ☐ Yes
   - ☐ No
   - ☐ I prefer not to provide this information

11. What is your sexual orientation?
   - ☐ Bisexual
   - ☐ Gay
   - ☐ Lesbian
   - ☐ Queer
   - ☐ Straight/heterosexual
   - ☐ Other sexual orientation (please specify):
   - ☐ I prefer not to provide this information

AMA's Conflict of Interest Policy

Please review carefully the AMA's Conflict of 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 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 and Principles and understand the guidance provided above.

Signature:

Date:

Please email this form along with candidate's (2-page) executive curriculum vitae by the established deadline to: bot@ama-assn.org

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