****

AMENDMENT FORM

# STEP 1 — READ INSTRUCTIONS

* A completed form is ***required*** to make an amendment. **Submit form to** [**amendment@aafp.org**](mailto:amendment@aafp.org)**.**
* ***Only*** the ***Chapter Delegate*** may submit and introduce an amendment.

# STEP 2 – COMPLETE THE FOLLOWING:

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your cell phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your constituency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 3 — REFERENCE COMMITTEE REPORT ON *(Please check one):***

\_\_ Advocacy \_\_ Education \_\_ Health of the Public & Science \_\_ Org & Finance \_\_ Practice Enhancement

Item # Resolution No.

\_\_ **ADDITION *(In addition to current resolution)***

\_\_ **DELETION *(Removes current wording)***

\_\_ **SUBSTITUTION *(Replaces current wording altogether)*** \_\_ **STRIKING OUT** and **INSERTING**

# STEP 4 — PLEASE INSERT YOUR RESOLUTION AMENDMENT BELOW. DOCUMENT YOUR SUGGESTED CHANGES TO THE RESOLUTION USING THE “TRACK CHANGES” FEATURE IN MICROSOFT WORD.

***Example:*** RESOLVED, That the American Academy of Family Physicians support insurance coverage of acupuncture for pain control when ordered by a licensed physician or licensed collaborating advanced clinician on their practice team.

**Insert Suggested Amendment Below:**

**STEP 5 — PLEASE USE THE INFORMATION BELOW WHEN SPEAKINGTO THE RESOLUTION:**

State your name a delegate with the

I am offering an amendment on Item #: , Resolution #: on behalf of myself or my constituency ***(Select one)***.