

## APPLICATION FORM

### Student Representative at the Center for International Health Initiatives (CIHI) Advisory Board

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Name \_\_\_\_\_

AAFP Member ID #: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (     ) \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Medical School Program \_\_\_\_\_

Year (circle one)     M2\_\_\_\_ M3\_\_\_\_

Name of Constituent Chapter and Chapter Executive \_\_\_\_\_

Years attended CIHI Global Health Workshop \_\_\_\_\_

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The following materials should be received by the American Academy of Family Physicians **no later than August 15, 2013**:

- Completed application form
  - Curriculum vitae (*one page front and back maximum*)
  - Letter of interest stating how being a student representative to the CIHI Advisory Board aligns with your priorities in Global Health
  - Letter of support from Dean to acknowledge that the trainee is “in good status”
  - Student Leadership Participation Form
  - Completed conflict of interest form
  - Photo
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Please direct any questions and return materials to:

American Academy of Family Physicians  
International Activities Department  
Attn: Alex Ivanov  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672  
(800) 274-2237, extension 4510  
[aivanov@aafp.org](mailto:aivanov@aafp.org).



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## CONFLICT OF INTEREST POLICY AND DISCLOSURE STATEMENT

### Conflict of Interest Policy

The AAFP Board of Directors, officers, staff, as well as members serving in other organizational capacities (such as members of commissions and AAFP representatives to external entities) must act at all times in the best interest of the AAFP. The purpose of this policy is to help inform members and staff about what constitutes a conflict of interest, provide assistance in identification and disclosure of actual and potential conflicts, and help ensure the avoidance and resolution of conflicts of interest where necessary. This policy may be enforced as described below:

[NOTE: A separate policy exists for all AAFP-produced Continuing Medical Education activities. Individuals participating in these activities are subject to the “CME Policy and Procedures for Full Disclosure and Identification and Resolution of Conflicts of Interest” and should complete the disclosure statement developed solely for these activities.] This form can also be found online at [www.aafp.org/conflict](http://www.aafp.org/conflict).

1. Individuals serving in representational capacities (e.g., Board members, commission members) or in employment capacities have a fiduciary duty to conduct themselves without conflict to the interests of the AAFP. In these capacities, they must subordinate personal, individual business, third-party and other interests to the welfare and best interests of the AAFP.
2. A conflict of interest is a transaction or relationship which presents or may present a conflict between an individual’s obligations to the AAFP and the individual’s personal, business or other interests.
  - a. Generally, a conflict of interest could be said to exist when individuals have material interests outside the AAFP which could influence them, or could be perceived as influencing them to act contrary to the best interests of the AAFP and for their own personal benefit or the benefit of a relative or business associate.
  - b. Frequently the type of interest resulting in a conflict would be financial, such as an individual who has an association with a third party through a grant or stipend, an ownership interest, an employment relationship, or a consultative or advisory arrangement.
  - c. In some instances a conflict of interest may exist even though the conflict does not arise out of financial considerations. For example, a member of the AAFP Board of Directors also may have a fiduciary responsibility as a member of the Board of Directors of another organization. If the interests of that organization were contrary to the AAFP’s interests, a situation could exist in which the individual could not fulfill his or her fiduciary responsibilities to both organizations.
3. All conflicts of interest are not necessarily prohibited or harmful to the AAFP. However, full disclosure of all actual and potential conflicts, and a determination by the disinterested entity (such as the Board or a commission) - with the interested individual(s) recused from participating in debates and voting on the matter - are required.

4. All actual and potential conflicts of interest shall be disclosed by members serving in representational capacities and by designated staff through the annual disclosure statement and/or whenever a conflict arises. The disinterested members of the representational entity (such as the Board or a commission) shall make a determination as to whether a conflict exists and what subsequent action is appropriate (if any). Determinations at the staff level shall be made by the Executive Vice President or his/her designee(s).
5. On an annual basis, all Board members, officers, other members serving in representational capacities and designated staff shall be provided with a copy of this policy and are required to complete and sign the disclosure statement below. The AAFP will provide all members of each entity (e.g., Board, commission) with copies of the disclosure statements for all members of their respective entities.

Disclosure Statement

I have read the AAFP Conflict of Interest Policy set forth above and agree to comply fully with its terms and conditions at all times during my service to AAFP. If at any time following submission of this form I become aware of any actual or potential conflicts of interest, or if the information provided below becomes inaccurate or incomplete, I will promptly notify the AAFP Executive Vice President in writing.

**Disclosure of Actual or Potential Conflicts of Interest (attach additional pages if necessary):**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
AAFP Member ID #:

\_\_\_\_\_  
Capacity in which serving when this form was completed (Board member, commission member, staff, etc.).



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## AAFP Student Leadership Participation Form

The following student has expressed an interest in participating in leadership activities as a student member of the American Academy of Family Physicians (AAFP). The AAFP represents more than 110,600 physicians and medical students nationwide and is the only medical society devoted solely to primary care. As an appointed AAFP student leader, this student will have the opportunity to learn more about family medicine and organizational and political issues affecting the healthcare environment. National AAFP leadership positions require attendance at three or more national meetings throughout the year, including the National Conference of Family Medicine Residents and Medical Students in the summer. **The student will provide information about the position(s) of interest and the timing of required meetings. We recommend that the academic office keep a copy of the position information and this form in the student's file.**

**NOTE:** This form is for use in applying for an AAFP commission.

### SECTION ONE [To Be Completed by Student]

Student's Name: \_\_\_\_\_

Medical School: \_\_\_\_\_

M1    M2    M3    M4    Other \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

### SECTION TWO [To Be Completed by Dean of the Medical School]

I hereby affirm that the above listed student is in good standing at this institution. The student has communicated with me information about the requirements of the leadership position.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*The American Academy of Family Physicians values the voice of our students and appreciates your willingness to allow participation in this important leadership development activity. If you have additional questions or concerns, please contact:*

*Angela Wasson  
Sr. Staff Assistant  
Division of Medical Education  
American Academy of Family Physicians  
[awasson@aafp.org](mailto:awasson@aafp.org)  
800-274-2237, Ext. 6740*

**Please send the completed form to:** (Chapter Executive) \_\_\_\_\_  
(Name of Chapter) \_\_\_\_\_ (Mailing Address) \_\_\_\_\_  
\_\_\_\_\_  
(Fax) \_\_\_\_\_



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