



New Physician Representative at the Polaris Executive Committee

APPLICATION FORM

Name: _____

AAFP Member ID#: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Email: _____

Year after residency completion (mark one): 1 2 3 4 5 6 7

Name of Chapter and Chapter Executive: _____

The following materials should be received by the American Academy of Family Physicians
no later than October 16, 2017.

- Completed application form
- Curriculum vitae (*one page front and back maximum*)
- Letter of interest stating how being a representative to the Polaris Executive Committee aligns with your priorities in Global Health
- Letter of recommendation
- Completed Conflict of Interest form
- Photo

Please direct any questions and return materials to:

American Academy of Family Physicians
Polaris Executive Committee
Attn: Alex Ivanov
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2680
(800) 274-2237, Ext. 5123
aivanov@aafp.org

New Physicians Representative to the Wonca North America Young Doctors Movement

NOTE: Applications for this position are being accepted until October 16, 2017.

The Polaris Movement is one of the World Organization of Family Doctors' (Wonca's) regional movements for new and future family physicians. It provides a global platform for medical students, residents, and new family physicians to augment medical training with international experiences that include teaching, research, advocacy, exchanges, and leadership.

Responsibilities

- Communicate regularly with the AAFP student and resident representatives to the Polaris Executive and AAFP staff, which includes Center for Global Health Initiatives (CGHI) staff as well as those staff who coordinate AAFP activities for new physicians.
- Communicate regularly with other Wonca Polaris Executive members from Canada and the Caribbean.
- Attend one (1) in-person meeting of the Wonca Polaris Executive.
- Attend the National Conference of Constituency Leaders (NCCL) to share with the new physician constituency about Polaris activities.
- Provide an annual report to the AAFP to be submitted to the AAFP CGHI. This report will be used to inform the AAFP Board of Directors of Polaris activities.
- Participate and contribute in the Polaris Executive strategic planning process and implementation.

Eligibility Criteria

- Must be a new physician (withing first seven years after residency completion)
- Must demonstrate interest and involvement in global health
- Must be able to attend designated meetings

Time commitment away from work: Approximately 10 days including weekends and one hour every two months for conference calls

Funding: Provided for participation in NCCL and one face-to-face Wonca World or Polaris Executive meeting

Meeting Schedule

MEETING	DATES	LOCATION
National Conference of Constituency Leaders	April	Kansas City, MO
Polaris Executive meeting held either in North America or during the World Wonca meeting	TBD	Location rotates



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.

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.
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.).