

Application Form for 2011 Resident/Student Elections

Name _____

AAFP Member ID #: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one) PGY1 PGY2 PGY3 PGY4 and above M1 M2 M3 M4

Name of Constituent Chapter and Chapter Executive _____

Years attended National Conference _____

Previous AAFP Elected or Appointed Positions _____

Residents Only (please check one of the following)

Resident Member of the AAFP Board of Directors*

Resident Chair of the National Conference*

Resident Delegate to the AAFP Congress of Delegates (2)

Resident Representative to the Association of Family Medicine Residency Directors (AFMRD) Board of Directors

Students Only (please check one of the following)

Student Member of the AAFP Board of Directors*

Student Chair of the National Conference*

Student Delegate to the AAFP Congress of Delegates (2)

National FMIG Coordinator

Student Representative to the Society of Teachers of Family Medicine (STFM) Board of Directors

***Must have at least one year of experience in an AAFP position at the national level.**

The following materials should be received by the American Academy of Family Physicians **no later than July 15, 2011**, so this information may be displayed in a timely manner at National Conference. You may bring your materials to National Conference, but this could delay when your materials are displayed.

- Completed Application Form
 - Curriculum Vitae (*one page front and back maximum*)
 - Letter of Interest
 - Letter of endorsement from your constituent chapter (must be on constituent chapter letterhead)
 - (Residents) Letter of recommendation from your residency program on appropriate letterhead
 - (Students) AAFP leadership participation form signed by the dean of the medical school and a letter of support from a pre-doctoral director or other knowledgeable faculty member on appropriate letterhead
 - Completed Conflict of Interest Form
 - Photo (optional)
-

Please direct any questions and return materials to:

American Academy of Family Physicians
Division of Medical Education
Attn: Angela Wasson
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237, extension 6740
awasson@aafp.org

APPLICATION FORM

Family Medicine Interest Group (FMIG) Regional Coordinator

Name _____

AAFP Member ID #: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail Address _____

Name of Medical School _____

Year (circle one) M1 M2 M3 M4

Name of Constituent Chapter and Chapter Executive _____

The following materials should be received by the American Academy of Family Physicians **no later than September 09, 2011.**

- Completed Application Form
 - Curriculum Vitae (*one page front and back maximum*)
 - Letter of Interest
 - Letter of endorsement from your constituent chapter on constituent chapter letterhead
 - AAFP leadership participation form signed by the dean of the medical school and a letter of support from a pre-doctoral director or other knowledgeable faculty member on appropriate letterhead
 - Completed Conflict of Interest Form
 - Photo (optional)
-

Please direct any questions and return materials to:

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11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237, extension 6740
awasson@aafp.org

APPLICATION FORM

American Medical Association – Resident/Student Positions

Name _____

AAFP Member ID #: _____ AMA Member ID#: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one) M1 M2 M3 M4 PGY1 PGY2 PGY3 PGY4 and above

Name of Constituent Chapter and Chapter Executive _____

I would be interested in being nominated to serve as:

_____ Resident Alternate Delegate Representative to the American Medical Association (2 Year Term)

_____ Resident Representative to the American Medical Association Resident-Fellow Section

_____ Student Representative to the American Medical Association Medical Student Section

The following materials should be received by the American Academy of Family Physicians **no later than August 26, 2011.**

- Completed application form
 - Curriculum vitae (*one page front and back maximum*)
 - Letter of interest
 - Letter of endorsement from your constituent chapter on constituent chapter letterhead
 - (Residents) Letter of recommendation from your residency program on appropriate letterhead
 - (Students) AAFP leadership participation form signed by the dean of the medical school and a letter of support from a pre-doctoral director or other knowledgeable faculty member on appropriate letterhead.
 - Completed conflict of interest form
 - Photo (optional)
-

Please direct any questions and return materials to:

American Academy of Family Physicians
Division of Medical Education
Attn: Angela Wasson
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237, extension 6740
awasson@aafp.org

Application Form for 2012 ACGME Review Committee (RRC) for Family Medicine

This position starts July 1, 2012 through June 30, 2014 (2 year term).

Name _____

AAFP Member ID #: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail Address _____

Name of Residency Program _____

Year (circle one) PGY1 PGY2 PGY3 PGY4 and above

Name of Constituent Chapter and Chapter Executive _____

Years attended National Conference _____

The following materials should be received by the American Academy of Family Physicians **no later than May 1, 2011.**

- Completed Application Form
- Curriculum Vitae (*one page front and back maximum*)
- Letter of Interest
- Letter of endorsement from your constituent chapter (must be on constituent chapter letterhead)
- Letter of recommendation from your residency program on appropriate letterhead
- Completed Conflict of Interest Form
- Photo (optional)

Please direct any questions and return materials to:

American Academy of Family Physicians
Division of Medical Education
Attn: Angela Wasson
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237, extension 6740
awasson@aafp.org

APPLICATION FORM

***Annals of Family Medicine* Editorial Board – Resident Position**

Name _____

AAFP Member ID #: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail _____

Name of Medical School/Residency Program _____

Year (circle one) PGY1 PGY2 PGY3 PGY4

Name of Constituent Chapter and Chapter Executive _____

Years attended National Conference _____

The following materials should be received by the American Academy of Family Physicians **no later than August 12, 2011**:

- Completed application form
- Curriculum vitae (*one page front and back maximum*)
- Letter of interest
- Letter of endorsement from your constituent chapter on constituent chapter letterhead
- Letter of recommendation from your residency program on appropriate letterhead
- Completed conflict of interest form
- Photo (optional)

Note: The student position for *Annals of Family Medicine* Editorial Board will be available again in 2012.

Please direct any questions and return materials to:

American Academy of Family Physicians
Resident & Student Activities Department
Attn: Angela Wasson
11400 Tomahawk Creek Parkway
Leawood, KS 66211-2672
(800) 274-2237, extension 6740
awasson@aafp.org

Application Form for AAFP Commissions

Name _____

AAFP Member ID #: _____

Address _____

City _____ State _____ Zip _____

Phone Number () _____ E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one) PGY1 PGY2 PGY3 PGY4 and above M1 M2 M3 M4

For M4 Students – Do you plan to Match in Family Medicine? Yes No Undecided

Name of Constituent Chapter and Chapter Executive _____

Years attended National Conference _____

Previous AAFP Elected or Appointed Positions: _____

I would be interested in being nominated to serve on the following commission or other project as a resident/student representative:

Please indicate your first, second, third, fourth and fifth choices by placing the appropriate number in the space provided. (We encourage you to Assign numbers to all positions.)

Commissions

___ Continuing Professional Development

___ Governmental Advocacy

___ Health of the Public and Science

___ Membership & Member Services

___ Quality and Practice

___ If I do not receive a commission appointment, I would be willing to serve in other capacities. Please specify your interests. _____

Contact your state chapter immediately to confirm the deadline for submitting your application materials.

- Completed Application Form
- Curriculum Vitae (*one page front and back maximum*)
- Letter of Interest
- Letter of nomination from your constituent chapter (must be on constituent chapter letterhead)
- (Residents) Letter of recommendation from your residency program on appropriate letterhead
- (Students) AAFP Student Leadership Participation form signed by the dean of the medical school and a letter of support from a pre-doctoral director or other knowledgeable faculty member on appropriate letterhead
- Completed Conflict of Interest Form
- Photo (optional)

* Please complete the Intent-to-Apply Form as soon as possible and fax it to your chapter and to the AAFP. The Academy's fax number appears on the form; your chapter's fax number can be found in the constituent chapter directory in the resource section of *Getting Involved in Your Academy*.

Please direct any questions to Angela Wasson, at 800-274-2237, Ext. 6740 or awasson@aafp.org.

SUBMIT YOUR COMMISSION APPLICATION AND SUPPORT MATERIALS TO YOUR CHAPTER.

Your application materials need to be submitted by your chapter and sent to our office at the Academy no later than September 9, 2011.

Intent to Apply for Resident/Student Commission Appointment

Name _____

AAFP Member ID #: _____

E-mail Address _____

Name of Residency Program or Medical School _____

Year (circle one)	PGY1	PGY2	PGY3	PGY4 and above
	M1	M2	M3	M4

Name of Constituent Chapter and Chapter Executive _____

I am interested in being nominated to serve on the following commission(s) (please indicate your choices by placing the appropriate number in the space provided ((1-5) with 1 being your first choice and 5 being your last choice)).

_____ Continuing Professional Development

_____ Governmental Advocacy

_____ Health of the Public and Science

_____ Membership & Member Services

_____ Quality & Practice

I have confirmed my state chapter's deadline for applications and I will be sending my application and support materials to the state chapter.

Signature

Date

Please fax this form to your state chapter and to the AAFP (913-906-6289, attn: Angela Wasson).

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 98,000 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:

Wendy S. Biggs, MD
Assistant Director
Division of Medical Education
American Academy of Family Physicians
wbiggs@aafp.org
800-274-2237, Ext. 6710

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

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.
 - 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.).