

# Application Form for 2009 Resident/Student Elections

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax 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 \_\_\_\_\_

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## ***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 Society of Teachers of Family Medicine (STFM) Board of Directors

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)

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

National FMIG Coordinator

**\*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 17, 2009**, so that copies may be made to distribute to the attendees of the meeting. You may bring your materials to National Conference, but the duplication process may delay the distribution of your materials.

- 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

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Year (circle one)     M1     M2     M3     M4

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

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The following materials should be received by the American Academy of Family Physicians **no later than August 28, 2009.**

- 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)
- 

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# APPLICATION FORM

## American Medical Association – Resident/Student Positions

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Name\_\_\_\_\_

Address\_\_\_\_\_

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

Phone Number (     )\_\_\_\_\_ Fax 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\_\_\_\_\_

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I would be interested in being nominated to serve as:

\_\_\_\_\_ Resident Alternate Delegate to the American Medical Association (two-year term)

\_\_\_\_\_ Resident Representative to the American Medical Association Resident-Fellow Section

\_\_\_\_\_ Student Representative to the American Medical Association Medical Student Section

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The following materials should be received by the American Academy of Family Physicians **no later than August 14, 2009**.

- 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:

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

## APPLICATION FORM

### North American Primary Care Research Group – Resident/Student Position

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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Residency Program or Medical School \_\_\_\_\_

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

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

\_\_\_\_\_

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The following materials should be received by the American Academy of Family Physicians **no later than August 14, 2009**:

- 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)
- 

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

## Application Form for 2010 Residency Review Committee (RRC)

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax 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 \_\_\_\_\_

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**The position for Residency Review Committee will be available again in 2010.**

- 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

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## APPLICATION FORM

### ***Annals of Family Medicine* Editorial Board – Resident and Student Position**

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax Number (     ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of Medical School/Residency Program \_\_\_\_\_

Year (circle one)     PGY1   PGY2   PGY3   PGY4

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

Years attended National Conference \_\_\_\_\_

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The following materials should be received by the American Academy of Family Physicians **no later than August 14, 2009**:

- 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
  - Completed conflict of interest form
  - Photo (optional)
- 

**The student position for *Annals of Family Medicine* Editorial Board will be available again in 2010.**

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](mailto:awasson@aafp.org)

## **AAFP Commissions**

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Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Fax 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: \_\_\_\_\_

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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, and third choices by placing the appropriate number in the space provided)***

### ***Commissions***

\_\_\_ Continuing Professional Development

\_\_\_ Governmental Advocacy

\_\_\_ Health of the Public and Science

\_\_\_ Membership & Member Services

\_\_\_ Quality and Practice (residents only)

**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 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* starting on page number 55.

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Please direct any questions to Angela Wasson, at 800-274-2237, Ext. 6740 or [awasson@aafp.org](mailto: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 August 28, 2009.**

# **Intent to Apply for Resident/Student Commission Appointment**

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Name \_\_\_\_\_

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 \_\_\_\_\_

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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).

\_\_\_\_\_ Continuing Professional Development

\_\_\_\_\_ Governmental Advocacy

\_\_\_\_\_ Health of the Public and Science

\_\_\_\_\_ Membership & Member Services

\_\_\_\_\_ Practice Enhancement and Quality

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

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Signature

Date

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



## 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.]

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

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