AMENDMENT FORM

# STEP 1 — READ INSTRUCTIONS

* A completed form should be submittedto make an amendment. **Submit form to** **amendment@aafp.org****.**
* ***Only*** the ***Delegate*** may submit and introduce an amendment.

# STEP 2 – COMPLETE THE FOLLOWING:

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

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

Your chapter/constituency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Advocacy Health of the Public and Science Cross-Topical Issues 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. PLEASE 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 delegation ***(Select one)***.