



COMMITTEE ON CLINICAL LEADERSHIP CANDIDATE APPLICATION

Name _____

Title _____

Preferred Mailing Address _____

City/State/Zip _____

Email _____ Phone _____ Fax _____

Assistant's Name _____

Assistant's Email _____ Assistant's Phone _____

Please list the hospital(s)/health system(s) and city/state with which you are affiliated.

If hospital is part of a system, please list system.

BACKGROUND

Gender: Man Woman Prefer to self-describe: _____

With which racial or cultural group(s) do you identify? *Select ALL that apply.*

- American Indian or Alaskan Native Asian Black or African American Native Hawaiian or other Pacific Islander
- White, non-Hispanic/Latino Hispanic/Latino Other (specify): _____ Prefer not to answer

Have you previously served on any AHA committees or task forces? Yes No

If yes, list previous appointment(s) to an AHA committee or task force and the years.

List your involvement with your state or metropolitan hospital association and the years.

Are you available to attend at least three meetings per year? Yes No

HOW TO SUBMIT

Please email the completed application, brief bio or CV (no more than five pages) to physicianalliance@aha.org by April 19, 2024