



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

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

Are you interested in serving as a liaison to ACCME?
(This requires three additional meetings per year) Yes No

HOW TO SUBMIT

Please email the completed application and your brief bio or CV (no more than five pages) to physicianalliance@aha.org by Tuesday, March 31, 2026.