



# NOMINATION FORM for SCHOOL REPRESENTATIVES

ILLINOIS STATE MEDICAL SOCIETY MEDICAL STUDENT SECTION  
2010/2011 TERM

Must be received at ISMS by the close of business on  
FEBRUARY 15, 2010

**STUDENT MEMBER MAKING NOMINATION(S):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Phone: (A/C \_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Permanent Address (Where you can be reached after May 2010):**

Address: \_\_\_\_\_

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

Phone: (A/C \_\_\_\_\_) \_\_\_\_\_

**A statement of interest must accompany the nominating form. The statement of interest and CV, together, may not exceed two pages (typed;total) and may include, but is not limited to the following:**

1. An understanding of the position's responsibilities
2. A vision for the Medical Student Section's upcoming year
3. Relevant personal experience which would enhance your candidacy for the position, and
4. An abbreviated CV including previous leadership positions.

**If the CV and statement of interest exceeds two pages (total), ISMS MSS reserves the right to choose which two pages will be reproduced for distribution. All statements of interest will be duplicated exactly as submitted and distributed with each ballot. Nominee signature is required.**

**YOUR NOMINATION(S):**

**Campus Nominated to Represent:** \_\_\_\_\_

**A) Self (MUST be member of ISMS and AMA MSS).** \_\_\_\_\_

*Please 'X' if nominating yourself. See prerequisites on other side.*

**B) Others (MUST be members of ISMS and AMA MSS).** \_\_\_\_\_

*You must consult your nominee(s) before making the nomination. They are require to submit a statement of interest by the February 15<sup>th</sup> deadline- see prerequisites on other side. Provide complete information.*

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Phone: (A/C \_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

School: \_\_\_\_\_ Expected Year of Graduation: \_\_\_\_\_

Phone: (A/C \_\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Nomination forms must be received at the ISMS offices by Monday, February 15, 2010. Please send to:**

ISMS Medical Student Section  
Attn: N. Samardzija  
20 N. Michigan Ave., Ste. 700  
Chicago, Illinois 60602

Or email (microsoft word format) to [nenasamardzija@isms.org](mailto:nenasamardzija@isms.org) or [mss@isms.org](mailto:mss@isms.org)

**To be considered, candidates must be actively enrolled in their school (currently and during term of office) and be a member in good standing of the ISMS, county medical society, and AMA MSS, and sign below. Voting ballots listing candidates (in order of receipt of candidacy); statements of interest; and CV's will be sent to respective school ISMS MSS members in late February.**

**I HAVE READ THE ABOVE AND HEREBY STATE THAT I AM IN COMPLIANCE WITH THE ABOVE REQUIREMENTS AND DECLARE MY CANDIDACY FOR ISMS/AMA MSS SCHOOL REPRESENTATIVE.**

\_\_\_\_\_  
NAME & SIGNATURE (CANDIDATE)

\_\_\_\_\_  
DATE