American Society of Anesthesiologists

Medical Student Component
ASA MSC House of Delegates Application Form

Candidate First Name: _____ Candidate Last Name: _____

Graduation Year: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Medical School, City, State: _____

_____

Candidates are required to obtain a letter of support from their Anesthesiology Department Chair or another qualified department member. Candidates must be active members of the ASA Medical Student Component and may be of any year in medical school. Applications are accepted on a rolling basis.

Delegate Responsibilities:

- Delegate term begins July 1 and concludes June 30 of each year. An applicant may fill a vacancy at any time during that period but will only serve the remaining time of that year's term and will be required to reapply for the following term if they wish to continue as Delegate.
- Serve as medical student liaison between their respective medical school and the ASA Medical Student Component.
- Maintain and/or establish and Anesthesiology Interest Group (AIG) at their respective medical school.
- Recruit medical students to join as members of ASA Medical School Component.
- Delegate members in attendance at the ASA Medical Student Component House of Delegates meeting vote on resolutions presented by the House. Delegates who are unable to attend may appoint an alternate from their medical school to vote on their behalf.
- Provide semi-annual activity updates to the ASA Medical Student Component.
- Attendance costs for the ASA Annual House of Delegates Meeting is the responsibility of the delegate.

Delegates are encouraged to seek funding from their state society or Anesthesiology Department.

☐ I do not wish my contact email to be posted to the Medical Student Component website.

I recommend the above candidate as Delegate to the ASA Medical Student Component House of Delegates.
The candidate has reviewed the delegate responsibilities and is committed to fulfilling the duties of the position as outlined above.
Recommended by:

_____ Title: _____
(Signature of medical school representative)

_____ Date: _____
(Signature of candidate)

Application and letter of support may be submitted via e-mail, fax or mail to:

E-mail: medicalstudentcomponent@asahq.org
Tel: 847-825-5586
Fax: 847-825-1692
ASA Medical Student Component
520 N. Northwest Highway - Park Ridge, IL 60068-2573