

2018 ASA Medical Student Component House of Delegates Application Form

ASA Member ID Number: _____

Candidate First Name: _____ Candidate Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

Graduation Year: _____

Medical School Name: _____

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 and the ASA Medical Student Component, and may be of any year in medical school.

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 an Anesthesiology Interest Group (AIG) at their respective medical school.
- Recruit medical students to join as members of ASA Medical School Component.
- Provide semi-annual activity updates to the ASA Medical Student Component.
- Attendance is required for the ASA Medical Student Component House of Delegates Annual Meeting.
 - Costs are the responsibility of the delegate. Delegates are encouraged to seek funding from their state society or Anesthesiology Department.
 - Delegates who are unable to attend may appoint an alternate from their medical school to vote on their behalf.

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:

(Signature of medical school representative)

Title: _____

(Signature of candidate)

Date: _____

Application and letter of support must be submitted via e-mail to: medicalstudentcomponent@asahq.org