

## ASA Medical Student Component House of Delegates Delegate and Alternate Delegate Application Form - 2019

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 faculty member. Candidates must be active members of the ASA and may be of any year in medical school.***

### **Delegate Responsibilities:**

Responsibilities of all delegates include attendance at the ASA ANESTHESIOLOGY annual meeting in order to participate in the ASA Medical Student Component House of Delegates Meeting. Funding for travel and lodging will be the responsibility of each delegate, and it is strongly suggested that they develop a relationship with their state society and/or local anesthesiology department to secure funding. The delegates will be responsible for contacting their state societies and developing/maintaining a membership with them (if applicable.)

### **Delegate:**

- Delegate term begins July 1 and concludes June 30 of each year.
- If an Anesthesiology Interest Group is not already established at their respective medical school, it is recommended that the Delegate establish and maintain an Anesthesiology Interest Group at their Medical School.
- The Delegate is responsible for the recruitment of medical students, within their respective medical school, into the ASA MSC.
- The Delegate has voting privileges on issues presented at the ASA MSC House of Delegates Annual Meeting (Delegates will only be able to vote if present at the meeting)

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](mailto:medicalstudentcomponent@asahq.org)**