

ALLIANCE OF INDEPENDENT ACADEMIC MEDICAL CENTERS Board of Directors Application Form

Name:	
Title:	
Institution:	
Phone:	
E-Mail:	

1. Please describe your current position, including leadership responsibilities and reporting structure.

2. Please describe your institution, including number of beds, affiliated medical school(s), number and size of residency programs and research program. If your institution is part of a health system, please list the hospitals in your health system.

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3.	Please describe your service on any regional or national committees and boards that you believe is applicable to an AIAMC Board position.
4.	For how many years have you been an Alliance member? Please describe your involvement in the Alliance, including committee membership, attendance at meetings, etc.
5.	What do you see as the biggest challenges for independent academic medical centers in the next five years?
6.	In your opinion, what is the greatest strength of the Alliance of Independent Academic Medical Centers?

7.	In your opinion, what is the greatest challenge currently fac Academic Medical Centers? If appointed to the Board, how issues?	= -		
8.	Why do you wish to be appointed to the AIAMC Board of Di (response should be no less than 50 and no more than 250 words			
By signing below, I am indicating my sincere interest in serving on the AIAMC Board of Directors. I have reviewed the responsibilities and believe I am able to fulfill these responsibilities. I understand that terms of office are three years in length, with my potential appointment beginning April 1, 2019.				
Sign	nature*	Date		
*If electronic signature is not available, a typed "signature" is acceptable.				

Please send this completed application form along with an up-to-date curriculum vitae to
Kimberly Pierce-Boggs, Executive Director,
by e-mailing Kimberly@aiamc.org or faxing 888-AIAMC11 (888-242-6211)
NO LATER THAN NOVEMBER 15, 2018

THANK YOU for your interest in leading the Alliance of Independent Academic Medical Centers!