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CONSTITUTION AND BYLAWS
OF THE
AMERICAN MEDICAL STUDENT ASSOCIATION

ARTICLE I. NAME
The name of this Association shall be the American Medical Student Association.

ARTICLE II. OBJECTIVES
The objectives of the Association shall be as follows:

To be committed to the improvement of health care and health care-delivery to all people; to promote the active improvement of medical education; to involve its members in the social, moral and ethical obligations of the profession of medicine; to assist in the improvement and understanding of world health problems; to contribute to the welfare of all members, including premedical students, medical students, interns, residents and post-M.D./D.O. trainees; to advance the profession of medicine; to work to ensure that medicine reflects the diversity of society, with diversity including but not limited to differences in age, culture, race/ethnicity, sexual orientation and gender identity, gender and disability.

ARTICLE III. MEMBERSHIP
Membership in the Association shall be classified as follows:

A. Full Membership

B. Affiliate Membership
   1. Supporting affiliate membership
   2. Corporate sustaining membership
   3. Premedical sustaining membership
   4. International sustaining membership

C. Alumni Membership

Section 1—Full Membership

A. Medical Student Membership

Medical Student membership in the Association shall be available to medical students who have demonstrated a serious interest in the profession of medicine and the objectives of the organization and who have paid the required dues of the Association.

Medical Student membership shall be that period from the time of receipt of dues at the AMSA national office until termination of undergraduate medical education. At such a point, medical student members who pursue graduate medical education shall become resident members.

A “medical student” is defined as any individual enrolled in or on leave of absence from any LCME- or AOA-accredited or provisionally accredited North American allopathic or osteopathic training program or any international medical school listed in the International Medical Education Directory (IMED) of the Educational
Commission for Foreign Medical Graduates (ECFMG). “Medicine” is defined as a profession of an individual from an allopathic or osteopathic educational background. (2007)

Full medical student members of the Association shall have the right to become medical student members of the various committees of the Board of Trustees, as specified in Article IV, Section 1 of the Constitution and Bylaws, and shall be entitled to the full privileges of the Association. (2003)

B. Resident Membership

Resident Membership in the Association shall be available to any person engaged in graduate education in the United States who has demonstrated a serious interest in the profession of medicine and the objectives of the organization and who have paid the required dues of the Association.

Resident membership shall be from the time of receipt of dues at the AMSA national office (in the case where dues are owed) or the initiation of graduate medical education (in the case where dues are not owed) until the completion or termination of graduate medical education.

Resident membership shall be conferred automatically to medical student members upon the completion of undergraduate medical education, provided that they fulfill the resident membership requirements above. International affiliate members who have completed medical school and fulfill the resident membership requirements may become resident members by contacting the AMSA national office.

Resident members shall have all benefits of the Association that are determined to be legally and fiscally feasible by the Board of Trustees. (2003)

Section 2—Affiliate Membership

A. Supporting Affiliate Membership

Supporting affiliate membership shall be available to any person not eligible for full membership, on payment of dues prescribed by the Board of Trustees. Supporting affiliate dues shall be uniform for all persons, except those in foreign countries, for whom a higher rate may be necessary.

Supporting affiliate members shall carry partial privileges in the Association, which shall not include election to national or regional office, voting privileges in the House of Delegates and regional meetings, or such benefits as shall be deemed legally or fiscally feasible by the Board of Trustees. Supporting affiliate membership may be subject to annual renewal of membership upon recommendation of the Board of Trustees.

B. Corporate Sustaining Membership

Corporate sustaining membership may be granted upon the approval of the Board of Trustees of the Association and the payment of dues prescribed by the Board of Trustees to corporations, agencies, professional societies, or other organizations that have demonstrated a serious interest in the objectives of the Association. Such membership shall be nonvoting and non-office holding, but shall include receipt of such of the Association’s publications as the Board of Trustees may deem appropriate.

C. Premedical Sustaining Membership

Premedical sustaining membership in the Association shall be available to any student attending or having graduated from an accredited university in the United States who has demonstrated a serious interest in the profession of medicine and the objectives of the Association, and who has paid the required National premedical sustaining dues of the Association. (2004)

1. Premedical sustaining membership shall carry partial privileges of the Association, which shall not include election to national or regional office, except for Premedical Trustee and Premedical Regional Director, as specified in Article IV, Section 11 of the Constitution and Bylaws, and Action Committee Coordinator and Project Coordinator as specified in Section III, Part B of the Internal Affairs. No more than two premedical students may serve as committee coordinators in each of the Action Committees. (2007)
2. Premedical sustaining members shall not have voting privileges in the House of Delegates and regional meetings, or such benefits as shall be deemed legally or fiscally infeasible by the Board of Trustees.

3. There shall be a Premedical Caucus, which shall be composed of all premedical sustaining members of the Association. The Premedical Caucus will convene during each annual meeting under the direction of the Premedical Trustee and the National President. The Premedical Caucus shall elect a Premedical Trustee and the Premedical Regional Director as specified in Article VIII, Section 4 of the Association’s Constitution and Bylaws. (1991)

4. The Premedical Trustee will represent the views of the premedical caucus to the Board of Trustees. (2001)

D. International Sustaining Membership

International sustaining membership in the Association shall be available to all American and foreign students ineligible for full membership, who are in training at foreign medical institutions who have demonstrated a serious interest in the profession of medicine and the objectives of the organization, and who have paid the required yearly dues of the Association. (2007)

1. International sustaining members shall carry full privileges of the Association, except for election to offices other than International Trustee or International Programming Coordinator, Action Committee Coordinator and Interest Group Coordinator, voting privileges in the House of Delegates and regional meetings (2003) and such benefits as shall be deemed legally or fiscally infeasible by the Board of Trustees. The Board of Trustees may annually renew international membership subject to recommendation. (1991)

2. There shall be an International Caucus, which shall be composed of all international full and international sustaining members of the Association. The International Caucus will convene during each annual meeting under the direction of the International Trustee and the National President. The International Caucus shall elect an International Trustee and the International Programming Coordinator as specified in Article VII, Section 13 of the Association’s Constitution and Bylaws. (2007)

3. The International Trustee will represent the views of the International Caucus to the Board of Trustees. During Board of Trustees meetings, the Board will hold comments and/or suggestions made from the International Trustee as equal to those of a voting member of the Board of Trustees. (2003)

Section 3—Alumni Membership

Lifetime alumni membership is conferred upon all members of the Board of Trustees, Board of Regional Directors, Regional Programming Coordinators, Student Office Fellows, Action Committee Chairs and Coordinators, Chapter Presidents (or equivalent chapter officer), Interest Groups and any full AMSA member or International affiliate who demonstrates interest in becoming an alumni member by contacting the AMSA National Office. (2007)

Section 4—Resignation

Any member may resign upon written notification to the Board of Trustees and to the local chapter, if there is one. Resignation shall entail forfeiture of all dues paid to the Association.

ARTICLE IV. CHAPTERS

Section 1—Petitioning for a New Chapter

A. Medical Chapters

Any group of at least five (5) medical students in any one medical school in the United States or Canada may petition for a chapter within the Association. The petitioners shall sign the petition and date their signatures, and shall supply any additional information requested by the Board of Trustees. There shall not be more than one (1) such chapter at any medical school campus. Eligibility for multiple chapters at single medical schools or joint chapters between multiple medical schools will be at the discretion of the Board of Trustees after reviewing the individual school’s structure, finances and geographical limitations. (2008)
Branch campuses providing less than two years of medical education and/or which do not have a Dean of Medical Studies shall be considered part of the accredited degree granting institution rather than an independent chapter. Such branch campuses may receive all chapter mailings and shall retain all program affiliations; however, the number of delegates to the House of Delegates for a degree granting institution shall be determined by the total number of student members at the main campus, plus those at all branch campuses which do not have separate chapter status.

B. Premedical Chapters

Similarly, any group of at least five premedical students studying at an accredited university in the United States who have demonstrated a serious interest in the profession of medicine and the objectives of the organization, may petition for affiliate chapter status within the Association. There shall be not more than one (1) such chapter at any undergraduate campus or program. (1991)

1. Each affiliate Premedical Chapter shall be entitled to (1) vote in the Premedical Caucus, as specified in Article VIII, Section 4 of the Constitution and Bylaws. (1991)

2. Chapter Officers representing Premedical Chapters may attend the yearly Chapter Officers Conference. Premedical chapters may plan meetings for the purpose of education and leadership development, in association with the Premedical Trustee.

3. Any potential premedical chapters must submit a constitution to be considered for a charter. (1995)

4. Premedical chapters of AMSA shall strive to create a system of support through the presentation of information and resources to its members while also seeking to expose them directly to the medical community, provide forums of interaction with their peers, medical students and physicians.

5. Premedical chapter officers shall not charge local membership dues without collecting national AMSA dues nor will they retain members who do not pay national AMSA membership. Whether events are open to the AMSA members-only or not is left to the discretion of the local leaders. (2008)

C. International Chapters

Similarly, any group of at least five medical students studying at an international medical school may petition for chapter status within the Association. There shall be not more than one (1) such chapter at any campus. That chapter may receive information about AMSA’s activities and programs through chapter mailings, if that group meets expenses. Such services will be provided at cost, to be determined by the BOT on an annual basis. (1991)

1. Each International Chapter shall be entitled to (1) vote in the International Caucus (2003)

2. Chapter Officers representing International Chapters may attend the yearly Chapter Officers Conference. International chapters may plan meetings for the purpose of education and leadership development, in association with the International Trustee. (2003)

3. International chapters of AMSA shall strive to create a system of support through the presentation of information and resources to its members while also seeking to expose them directly to the medical community, provide forums of interaction with their peers, medical students and physicians. (2003)

D. Requirements Pertaining to All Chapters

1. All petitions, including medical school, premedical and international charters, and all supporting materials must be postmarked no later than sixty (60) days prior to the opening session of the House of Delegates at the annual meeting at which they are to be considered. If this date falls on a Sunday or a legal holiday in any given year, then the deadline is extended to the next regular business day. The Board of Trustees shall reserve the right to extend this deadline only under extenuating and extraordinary circumstances with a 2/3 vote. Furthermore, the school petitioning for charter must have a minimum of five registered active, medical, premedical or international members no later than sixty (60) days prior to the opening session of the House of Delegates in order for the petition to be considered.

2. All constitutions and changes to them must be submitted to the National Office.
3. All newly elected officers must be updated to the National Office within two months after elections. (1995)
4. Chapters shall not impede any interested party from becoming a member for any reason. Chapters may, however, maintain records of membership participation and allot funding for travel, projects, etc. to those most active members, as the leadership of the chapters deems appropriate.
5. Chapter Officers must be members of national AMSA. (2004)

Section 2—Ratification of Charter

A charter shall be granted to the petitioning chapter upon approval of the Board of Trustees and subject to ratification by a simple majority vote at the House of Delegates at its next Annual Meeting.

Section 3—Suspension and Expulsion of Chapter Members

The chapters shall be vested with the power to suspend or expel their members, so long as such suspension or expulsion is not inconsistent with the Constitution and Bylaws of the Association.

ARTICLE V. SUSPENSION OR REVOCATION OF A CHAPTER

Section 1—Revocation of a Charter by the National Office

The national office reserves the right to review and demand correction of any gross violation of either AMSA policy or basic democratic philosophy. In worst case scenarios the national office reserves the right to revoke the charter of any chapter that either refuses to rectify any heinous situation after being notified by the national office or one that has done such damage through the misuse of authority and/or of AMSA’s name that the national office deems it prudent to discontinue association with the chapter. The charter of any chapter may be suspended or revoked by the House of Delegates upon a vote to that effect by at least three-fourths (3/4) of those voting.

Section 2—Revocation of a Charter by an Individual

1. Any individual may file written charges against any chapter that the accuser feels to have acted in conflict with the letter or intent of the Constitution and Bylaws of the Association, or to have failed to comply with all requirements of the Constitution and Bylaws of the Association, or with any lawful requirement of the House of Delegates. Such charges shall be signed, dated, and filed with the Executive Director of the Association, who shall submit a copy of said charges to the accused chapter and request of the chapter a written reply. He/she shall so present said charges and the reply to the Board of Trustees at its next meeting.
2. If the Board of Trustees fails to dismiss said charges, it shall fix a time and place for the hearing of the charges, which time shall be not less than fifteen (15) days, nor more than ninety (90) days, after the serving of such charges. If, following the hearing, the Board of Trustees fails to dismiss the charges, it shall advise the accused chapter of its recommendations, and shall make known its decision in a written resolution signed by the President of the Association at least thirty (30) days prior to the next Annual Meeting of the Association.
3. At the next Annual Meeting of the Association, the resolution shall be presented to and acted upon by the House of Delegates. Before the voting shall commence, the chapter shall be allowed forty-five (45) minutes to answer charges. Upon suspension or revocation of the charter by a three-fourths vote of the House of Delegates, the delegation of that chapter shall leave the floor of the House of Delegates.

Section 3—Petitioning for a New Charter After Revocation

A chapter whose charter is thus revoked may petition for a new charter as specified in Article IV Section I of the Constitution and Bylaws. Chapters that had their charters revoked may not apply for a new charter for one year after such revocation has occurred.
**Section 4—Procedure for Revocation of Chapters with Fewer than Five Members**

To remain a chartered chapter of AMSA, a medical, premedical affiliate, or international affiliate chapter must maintain at least five national members in good standing. If a chapter has five or fewer members then all chapter officers listed with AMSA and appropriate school administrators of said chapter shall receive notification from the National Office stating that the chapter charter may be revoked 60 days from postmarked date if no further contact is received. Regional Directors will make every good faith effort in contacting an AMSA representative at the local chapter under review. Chapters may contact the AMSA office and file an extension in which case their charter would not be revoked. If after 60 days following the mailing of the aforementioned letter all good faith efforts in contacting a chapter have failed, then the Regional Directors may recommend charter revocation to the Board of Trustees. (2009)

The Regional Director, Regional Programming Coordinator, International Trustee, and International Programming Coordinator, and/or Premedical Trustee and Premedical Regional Directors shall work with chapters with fewer than five members to expand chapter membership to at least five individuals. (2004)

**ARTICLE VI. WITHDRAWAL OF A CHAPTER**

**Section 1—Withdrawal by a Medical Chapter From the National Association**

1. If a medical chapter wishes to withdraw from the Association, it shall present a petition to the Board of Trustees. This petition shall carry the signatures of at least two-thirds (2/3) of the medical student members of the chapter as found on the national membership rolls. The signatures on the petition shall be dated.

2. When the Board of Trustees has established the authenticity of the petition for withdrawal, the chapter shall be considered to have withdrawn from the Association. The President of the Association shall immediately notify the chapter that its petition for withdrawal has been accepted and its charter revoked.

3. The withdrawal of a chapter shall immediately cause the loss of membership privileges of all members of that chapter signing the petition for withdrawal.

**Section 2—Withdrawal by a Premedical Chapter From the National Association** (2005)

1. If a premedical chapter wishes to withdraw from the Association, it shall present a petition to the Board of Trustees. This petition shall carry the signatures of at least two-thirds (2/3) of the premedical student members of the chapter as found on the national membership rolls. The signatures on the petition shall be dated. (2005)

2. In the event that the premedical chapter does not obtain two-thirds (2/3) of the total premedical members of the chapter as found on the national membership rolls and has reason to believe that some members may have graduated, they shall submit a letter to the national office containing the names of the members that the chapter believes are no longer affiliated with the school. The national office shall attempt to contact every member on that list within one month of receiving the petition in order to verify their enrollment. If after two successive attempts the members are unable to be reached, these members will no longer count toward the total number of premedical members of the given premedical chapter. (2005)

3. When the Board of Trustees has established the authenticity of the petition for withdrawal, the premedical chapter shall be considered to have withdrawn from the Association. The President of the Association shall immediately notify the chapter that its petition for withdrawal has been accepted and its charter revoked. (2005)

4. The withdrawal of a chapter shall immediately cause the loss of membership privileges of all members of that chapter signing the petition for withdrawal. Members not signing the petition shall retain their membership privileges. (2005)

**Section 3—Petitioning for a New Charter After Withdrawal**

A chapter that has withdrawn from the Association may petition for a new charter in the manner outlined in Article IV, Section I of the Constitution and Bylaws.

6
ARTICLE VII. LEADERSHIP AND STRUCTURE

Section 1—Qualifications of the Officers and Trustees

All Officers and Trustees of the Association shall be medical student members of the Association, except for the Alumni and Resident Trustee, Premedical Trustee and Premedical Regional Directors, International Trustee, International Programming Coordinator, and neuropathic medical students running for positions on action committees, at the time of their election and during their term of office. In addition, each Regional Director and Regional Programming Coordinator shall be an active member of a chapter located in the established geographical region from which he/she is elected. The Trustees shall represent all of the regions and shall not be elected on a regional basis. The Vice President for Programming shall be an active member of the Association and shall represent all of the regions and therefore be elected by the House of Delegates. (2009)

Section 2—Term of Office

The term of office for all Officers, Regional Directors, Regional Programming Coordinators, Premedical Trustee, Premedical Regional Directors, International Trustee, International Programming Coordinator and Vice President for Programming, shall be for one (1) year, or until their successors are duly elected and qualified. The Secretary and Vice President for Internal Affairs shall serve two (2) year terms such that one Secretary shall be elected a year. None of the above Officers or Trustees serves more than two (2) consecutive terms in the same position. (2008)

An Alumni and Resident Trustee (ART) may run for a second (1) one-year term, however must continue to meet the requirements of the position as described in Article VIII, Section 7, and will be submitted to the same election process. No resident member may serve more than two terms as ART. (2009)

The above Officers and Trustees shall serve for a total of fourteen months, the final two months as Outgoing Officers and Trustees except for the ART when serving a second term. The President-Elect will assume responsibilities as President approximately 30 days prior to the June meeting of the Board of Trustees following his/her election. (2009)

Section 3—Training of the Officers

The American Medical Student Association will devote a day to training its elected officers in the skills they will need to successfully execute their offices. The exact content of the leadership training will be left to the discretion of the ED, the National President and the Secretary and Vice President for Internal Affairs. (2008)

Section 4—Dismissal of the Officers

The Board of Trustees (BOT) shall be empowered to dismiss from his/her position any Officer, Trustee, Regional Director, Regional Programming Coordinator, Premedical Trustee, Premedical Regional Director, Alumni and Resident Trustee, International Trustee, International Programming Coordinator, Immediate Past President (2006), or ED of the Association, who has failed to perform the duties of his/her position, providing that the person in question shall have the opportunity to answer the charges against him/her in writing or in person before the BOT votes on the question of dismissal. (2005) A vote of at least two-thirds (2/3) of the voting members of the BOT shall be necessary for such dismissal. (2008)

With regard to the Regional Directors, the local AMSA chapters in the region involved shall be empowered to dismiss a Regional Director who has failed to perform his/her position, providing that the person in question be given the opportunity to answer the charges against him/her in writing or in person before a meeting of regional AMSA Chapter Presidents. A vote of at least two-thirds (2/3) of the AMSA Chapter Presidents shall be necessary for dismissal.

With regard to the Vice President for Programming, the Executive Board of the Action Committees shall be empowered to dismiss the Trustee if he/she has failed to perform his/her duty, providing the person in question be given one warning and then, upon further complaint, the opportunity to answer the charges against him/her in writing or in person before a meeting of the Executive Board of the Action Committees. A vote of at least two-thirds (2/3) of the Executive Board of the Action Committees shall be necessary for dismissal. (2008)

The Executive Board of the Action Committees shall be empowered to dismiss from his/her position any Action Committee Chair or Committee Coordinator who has failed to perform the duties of his/her position. The Officer in question must be given one written warning and then, upon further complaint, the opportunity to answer the charges against them in writing or in person before a meeting of the Executive Board. A vote of at least two-thirds (2/3) of the Executive Board shall be necessary for dismissal. The Executive Board shall fill vacant positions through appointment. (2004)
Section 5—Rules of Succession

In the event of the inability of any Officer or Trustee to fulfill the duties of his/her position for any reason, the vacancy thus created shall be filled in the following manner: in the case of the vacancy in the position of President, the Vice President for Membership shall serve in that position for the remainder of the term; and in the case of a vacancy in the position of Vice President for Membership, Vice President for Finance, or Secretary or Vice President for Internal Affairs, the BOT shall designate an individual to serve in that position for the remainder of the term; and in the case of a vacancy in any of the positions of Regional Director, the Board of Regional Directors, with the approval of a majority of the Chapter Presidents in said Region, shall designate individuals who meet the qualifications for holding said positions to serve in those positions for the remainder of the terms. In the event of a vacancy of a Regional Programming Coordinator, Premedical Trustee, Premedical Regional Director, Alumni and Resident Trustee, International Trustee or International Programming Coordinator (2003), the Board of Trustees shall designate an individual to serve in that position for the remainder of the term. (2008)

In the case of a vacancy of the Vice President for Programming, the remaining members of the Executive Board of the Action Committees shall arrange to elect a person to serve in that position for the remainder of the term. In the event of a vacancy of an Action Committee Chair, the remaining members of the Executive Board of the Action Committees (2004) shall designate an individual to serve in that position for the remainder of the term.

Section 6—Duties of the Officers

The Officers of the Association shall be a President, President-Elect, and Vice President for Membership, Vice President for Finance, and Vice President for Programming, and Vice President for Internal Affairs and Secretary. (2008) The duties of the Officers shall be as follows:

THE PRESIDENT—The President shall be the Senior Elected Officer of the Association, an ex-officio member of all committees (except the Nominations Committee), the official representative and spokesperson for the Association, and the leader of the United States’ National Medical Organization within the International Federation of Medical Students’ Associations. (2009) The President shall be responsible for presiding over all meetings of the Board of Trustees. The President shall be responsible for training the President-Elect in the duties and responsibilities as the senior elected officer of the Association. The President shall take a one-year leave of absence from his/her medical training to serve in a full-time capacity with the Association. Remuneration in the form of a salary is paid to the President, commensurate with the sum awarded to AMSA’s Student Office Fellows by AMSA’s Board of Trustees. (2009)

The President shall not be eligible to apply for a full-time salaried staff position with the AMSA Association or Foundation, including a Student Office Fellow position or National President, for a period of three (3) full years after they complete their duties. (2006)

THE PRESIDENT-ELECT—The President-Elect shall be in training for the duties and responsibilities of the senior elected officers of the Association, a nonvoting member of the Board of Trustees and ex-officio (nonvoting) member of the Executive Committee. The President-Elect will have a two-week in-person transition period during the early weeks of May following his/her election. (2009)

THE VICE PRESIDENT FOR MEMBERSHIP—The Vice President for Membership shall carry out those duties and responsibilities assigned to him/her by the Board of Trustees (BOT) or the House of Delegates and shall be responsible for the conduct of the meetings of the BOT in the absence of the President.

The function and role of the Vice President for Membership encompasses the following areas:

1. Plan and oversee the annual Chapters Officers Conference and to have an active role in planning additional leadership training activities throughout the year; (2000)
2. Plan membership recruitment activities in conjunction with the President; (2000)
3. Provide direct leadership to a strategic priority of the association as determined by the BOT; (2000)
4. Act as a resource for the Regional Conference Coordinators in collaboration with the respective Regional Directors and Regional Programming Coordinator; (2000)
5. In collaboration with the BOT, presiding over all meetings of the Board of Regional Directors. (2008)
6. Representing the Board of Regional Directors on the BOT. (2008)
THE VICE PRESIDENT FOR FINANCE—The Vice President for Finance (2008) shall have final responsibility for writing the budget of the Association, and, under the direction of the BOT, shall oversee the expenditures of the Association; serve as the primary liaison among the BOT, regions and the chapters and the Controller of the Association with regard to financial affairs; and prepare a financial report for consideration by the House of Delegates at the Annual Meeting. (2003)

THE IMMEDIATE PAST PRESIDENT—The role of the Immediate Past President is to ensure continuity of the organization and its projects. The Immediate Past President shall serve in an advisory capacity to the BOT and ED at the discretion of the President and respect the autonomy of the newly elected officers and BOT. (2006)

The Immediate Past President shall have the following responsibilities:

1. To provide guidance to the organization at the request of the President, ED, and the BOT; (2006)
2. To serve in an advisory capacity to the BOT at the discretion of the President; (2006)
3. To serve in an advisory capacity to the ED at the discretion of the President, ED, and BOT; (2006)
4. To attend only the Fall BOT meeting unless otherwise requested by the President, ED, or the BOT; (2006)

SECRETARY—The Secretary is the first year of a two year consecutive Secretary-Vice President for Internal Affairs role. The first year, the Secretary shall serve to represent the entire membership of the Association to the Board of Trustees (BOT) and shall carry out the policy of the House of Delegates (HOD) as a member of the BOT. Following their year as Secretary, they shall be promoted to the role of Vice President for Internal Affairs as specified below in Article VII of the Constitution and Bylaws. The Secretary shall be elected as specified in Article VIII of the Constitution and Bylaws. (2008)

Each Secretary and Vice President for Internal Affairs serves on the BOT for a period of two total years, with one Secretary elected each year at the Annual Meeting. (2008)

The roles and responsibilities of the Secretary shall include the following:

1. Representation of all AMSA members and affiliate members to the BOT.
2. The Secretary shall serve as Vice-Chairperson of the HOD. The Vice-Chairperson shall assume the duties of the Chairperson in the event of his/her absence or unwillingness to perform his/her duty.
3. Collaborating with the Vice President for Internal Affairs to ensure that AMSA’s core documents are current and relevant through a coordinated process of review and submission of resolutions to the HOD.
4. Collaborating with the Vice President for Internal Affairs to maintain these core documents through appropriate integration of newly passed resolutions and corresponding updating/correcting of affected sections. Such changes may be done with Board approval, so long as they are consistent with the intent of the HOD.
5. Collaborating with the Vice President for Internal Affairs to appoint, with the approval of the President, members of the Reference Committees, Nominations Committee and Credentials Committee of the HOD.
6. He/she will be responsible for communicating the most recent BOT’s plans, actions and deliberations as specified in Article VII, Section 14, Subsection E.

VICE PRESIDENT FOR INTERNAL AFFAIRS—The Vice President for Internal Affairs is the second year of a two year consecutive Secretary-Vice President for Internal Affairs role. The Vice President for Internal Affairs shall serve to represent the entire membership of the Association to the BOT and shall carry out the policy of the HOD as a member of the BOT. (2008)

The roles and responsibilities of the Vice President for Internal Affairs shall include the following: (2001)

1. Representation of all AMSA members and affiliate members to the BOT.
2. The Vice President for Internal Affairs shall serve as Chairperson of the HOD and shall be responsible for the conduct of all sessions of the HOD.
3. Collaborating with the Secretary to ensure that AMSA’s core documents are current and relevant through a coordinated process of review and submission of resolutions to the HOD.
4. Collaborating with the Secretary to maintain these core documents through appropriate integration of newly passed resolutions and corresponding updating/correcting of affected sections. Such changes may be done with Board approval, so long as they are consistent with the intent of the HOD.

5. Collaborating with the Secretary to appoint, with the approval of the President, members of the Reference Committees, Nominations Committee and Credentials Committee of the HOD.

Section 7—The Regional Directors

Regional Directors shall represent the interests of their regional constituency and shall be elected from each of the geographical regions established by the House of Delegates. The Regional Directors shall carry out the policy of the House of Delegates as members of the Board of Regional Directors. (2008)

The functions of the Regional Director encompass the following general areas:

1. communication with local chapter officers on areas of concern to medical students and on activities of the Association;
2. coordination of regional meetings and regional conferences;
3. coordination of the annual membership drive on the regional level with the chapter officers and assist chapters with fewer than five members in good standing at risk of charter revocation; (2004)
4. formulation, development and administration of the programs for the region determined by the members within the region;
5. representation of regional concerns to the deliberations of the Board of Regional Directors; (2008)
6. coordination of Delegates from the region in policy deliberations of the House of Delegates at the Annual Meeting; and,
7. service as a resource to regional members for information about, or contact with, all levels of the organization.
8. for two months after the election of the new Regional Directors, National Officers, Alumni and Resident Trustees, Premedical Trustee, International Trustee and Vice President for Programming, the outgoing Board members will assist and orient the new Directors to their responsibilities. (2008)
9. coordination of regional events and communication with the Regional Programming Coordinator(s). The Regional Director shall be in charge of keeping in monthly communication with the Regional Programming Coordinator. They shall approve the regional project plan of the Regional Programming Coordinator, and assist him/her with implementation of the project to local chapters. (2005)

Section 8—Regional Programming Coordinator

For as long as the BOT shall authorize, through funding in the budget, the association shall have Regional Programming Coordinators (RPC). (2007) One (1) RPC shall be elected from each of the geographical regions established by the House of Delegates. The roles and responsibilities of the RPC shall include the following: (2006)

1. Organize at least one regional project that shall attempt to include all the chapters in that region and will increase awareness of, or engagement in, one of the strategic priorities of the Association. The RPC shall be required to submit for approval a final proposal of their regional project to be reviewed by the AC Executive Committee Meeting at COC. (2006)

2. Serve on the Steering Committee of their respective regional conference. The RPCs shall work in collaboration with the Regional Conference Coordinator, and shall have as their primary responsibility the task of providing programming options for the Steering Committee. The RPC is also responsible for presenting one session at the conference, which may include aspects of their regional project. (2006)

3. Assist the Regional Directors in the development and maintenance of local project databases on the national AMSA Web site. The RPC shall assist chapter officers and the Regional Directors in entering new project information and updating the database as necessary. (2005)

4. Perform any regional duty mutually agreed upon with the Regional Director. The RPC shall assist the Regional Director with relevant duties throughout the year, and shall also assist with the end-of-the-year report. (2005)
5. Attend the June National Leadership meeting (but not the Board of Trustees meeting) through funding from National AMSA. The meeting shall include training and project planning to assist RPCs with their annual tasks. The RPC also will attend COC. (2006)

6. The Board of Trustees shall review the RPC position and evaluate its role in the organization in terms of effectiveness to achieve assigned responsibilities, fulfillment of members, support within the organizations infrastructure, and cost/benefit to the goals of the organization on an annual basis and allocate funds appropriately. (2006)

Section 9—The Alumni and Resident Trustee

An Alumni and Resident Trustee shall be elected to serve on the Board of Trustees and shall be both a resident and alum of the Association. The Trustee shall represent all alumni and residents of the Association in all matters relating to participation in Association programs and membership. The Alumni and Resident Trustee shall be elected as specified in Article VIII of the Constitution and Bylaws. (2008)

The Alumni and Resident Trustee shall be responsible for coordinating, with the National Office, the activities of the Association’s Resident membership, and shall act as a liaison between the Board of Trustees and the Resident Network (2003). The Alumni and Resident Trustee will organize, with approval of the Board of Trustees, the Resident Caucus. The Alumni and Resident Trustee shall be responsible for ensuring continuity of communication and programming involving resident and physician members of AMSA, AMSA Alumni and the medical community at large. (2008)

Section 10—The Premedical Trustee and Premedical Regional Directors

Representatives of the premedical membership shall be elected to coordinate activities of the premedical membership along with the National President. The Premedical Trustee will organize, with approval of the Board of Trustees, the Premedical Caucus. The Premedical Trustee and the Premedical Regional Directors, of which there will be a number equal to the number of regions with the exception of Region X, which will have three (3) and Region V which will have two (2), and Region III which will have two (2) Premedical Regional Directors (2009), shall be elected as specified in Article VIII Section 4 of the Constitution and Bylaws. The Premedical Trustee shall serve as a voting member (2007) of the Board of Trustees (BOT), and a Premedical Regional Director shall serve as an ex-officio member in the absence of the Premedical Trustee. (2006)

The Premedical Trustee shall have the following functions:

1. Assistance of chapters petitioning to be chartered at the National Convention; (2006)

2. Regular communication with the President, Vice President for Membership, Vice President for Finance, Vice President for Internal Affairs, Secretary, and the Premedical Regional Directors by attending the BOT meetings, facilitating monthly conference calls with the Premedical Regional Directors a week in advance, and returning emails within one week of receipt, (2006)

3. Representation of the concerns of premedical student membership and leadership to the BOT; (2006)

4. Collaboration with the Premedical Regional Directors to: provide leadership training at the Chapter Officers Conference and with media uses such as the chapter officers list serve and Premed AMSA Website; develop and maintain premedical chapters through consistent presence via emails and telephone calls; promote and nurture multiple local chapter collaborations including medical chapters; encourage chapter visit requests; distribute needed funds to chapters and chapter members; and provide premedical programming at Regional Conferences. (2006)

5. Guidance and support of member projects including, but not limited to premedical conferences; AMSA-based research and posters; and institutes and internships; (2006)

6. Development of premedical programming at the National Convention in conjunction with the convention theme and current concerns of premedical members. (2006)

The Premedical Regional Directors shall have the following functions:

1. Development and maintenance of the premedical chapters and assistance of chapters with fewer than five members in good standing at risk of charter revocation; (2006)

2. Regular communication with the Premedical Trustee by attending the monthly conference call; submitting bi-annual regional reports (due by summer and fall PRD meetings); attending the summer and fall PRD
meetings; compiling reports from chapter officers on a quarterly basis; providing an informal report of regional activities and chapter statistics monthly, via email prior to each conference call; and submitting a formal report of their region at least twice per year; (2009)

3. Representation of the concerns of premedical student membership and leadership to the Premedical Caucus through writing resolutions; (2009)

4. Collaboration with the Premedical Trustee to: provide leadership training at the Chapter Officers Conference and Institutes, with media uses such as the chapter officers listserv and Premed AMSA Web site; develop and maintain premedical chapters through consistent presence via emails and telephone calls; promote and nurture multiple local chapter collaborations including medical chapters; encourage chapter visit requests; distribute needed funds to chapters and chapter members; and provide premedical programming at Regional Conferences; (2009)

5. Development of premedical programming at their regional conference and national convention in conjunction with the conference theme and current concerns of premedical members; (2009)

6. Dissemination of information pertaining to Premed AMSA and premedical students and promoting discussion via the premed list serve with two Premedical Regional Directors assigned to the listserv a month at a time. (2006)

7. Regular communication with chapters and prospective chapters via phone calls, e-mails, list serves and chapter visits; (2009)

8. Promote and nurture collaboration between local premedical chapters and medical chapters; (2009)

9. Appropriate grants to local premedical chapters from the appropriate funds. (2009)

Section 11—The International Trustee and International Regional Directors

The International Trustee and the International Regional Directors of which there will be a number of two per region shall be elected as specified in Article VIII, Section 6, of the Constitution and Bylaws. The International Trustee will organize the International Regional Directors, with approval of the Board of Trustees and the International Caucus. The International Trustee shall serve as a voting member of the Board of Trustees, and, in those cases where the International Trustee is unavailable to attend a Board of Trustees Meeting, an International Regional Director selected by the International Trustee shall serve as an ex-officio and non-voting member of the Board of Trustees in the absence of the International Trustee. In those cases of the International Trustee’s unavailability to select an International Regional Director substitute for the ex-officio and non-voting role on the Board of Trustees, the International Regional Director selection shall be made by the National President. (2009)

The International Trustee shall have the following functions: (2009)

1. Assistance of chapters petitioning to be chartered at the National Convention;

2. Regular communication with the President, Vice President for Membership, Vice President for Finance, Vice President for Internal Affairs, Secretary of the Board of Trustees, and the International Regional Directors by attending the BOT meetings, facilitating monthly conference calls with the International Regional Directors a week in advance, and returning e-mails within one week of receipt,

3. Representation of the concerns of international student membership and leadership to the BOT;

4. Collaboration with the International Regional Directors to provide leadership training at the Chapter Officers Conference and with media uses such as the chapter officers list serve and International AMSA website; develop and maintain international chapters through consistent presence via e-mails and telephone calls; promote and nurture multiple local chapter collaborations including medical chapters; encourage chapter visit requests; distribute needed funds to chapters and chapter members; and provide international programming at Regional Conferences;

5. Guidance and support of member projects including, but not limited to, international conferences, AMSA-based research and posters, and institutes and internships;

6. Development of international programming at the National Convention in conjunction with the convention theme and current concerns of international members.
The International Regional Directors shall have the following functions: (2009)

1. Development and maintenance of the international chapters and assistance of chapters with fewer than five members in good standing at risk of charter revocation;

2. Regular communication with the International Trustee by attending the monthly conference call, providing an informal report of regional activities and chapter statistics monthly via e-mail prior to each conference call, and submitting a formal report of their region;

3. Representation of the concerns of international student membership and leadership to the International Caucus;

4. Collaboration with the International Trustee to provide leadership training at the Chapter Officers Conference and with media uses such as the chapter officers list serve and International AMSA website; develop and maintain international chapters through consistent presence via e-mails and telephone calls; promote and nurture multiple local chapter collaborations including medical chapters; encourage chapter visit requests; distribute needed funds to chapters and chapter members; and provide international programming at Regional Conferences;

5. Development of international programming at regional conferences in conjunction with the conference theme and current concerns of international members;

6. Dissemination of information pertaining to International AMSA and international students and promoting discussion via the international list serve with two International Regional Directors assigned to the list serve a month at a time.

Section 12—The Board of Trustees

A. The Board of Trustees (BOT) of the Association shall be composed of the President, Vice President for Membership, Vice President of Finance, Vice President of Internal Affairs, Vice President of Programming, Secretary, Premedical Trustee, International Trustee, Alumni and Resident Trustee, and The New Physician Magazine Student Editor, all of whom are voting members of the BOT. In addition, the President-Elect, the Immediate Past President, the ED, and other individuals designated as such by the BOT shall serve as ex-officio, nonvoting members. The BOT shall be responsible for carrying out such duties and responsibilities as may be designated in this Constitution and Bylaws of the Association. (2009)

B. The BOT will meet a minimum of four times per annum. The first, for information and training shortly after the Annual Meeting; the second, shortly thereafter to plan activities and projects for the coming year; a minimum of once in the mid-year to check on progress; and once at year’s end. Emergency meetings of the BOT may be called by a majority of the members of the Board.

C. The BOT shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law for trustees of corporations and as may be prescribed by this Constitution and Bylaws. It will be the responsibility of the BOT to see that the policy determined by the HOD is carried out and interpreted correctly, and that the Association is responsive to local chapters.

D. The BOT shall bear the responsibility of assuring the HOD and the Membership-at-Large that it is functioning responsibly: that it is carrying out and interpreting the Association’s policy in light of the sentiment of the Membership-at-Large and the HOD. This function will be accomplished by the preparation of a report by the Secretary within two weeks following each meeting or substantive action of the BOT outlining the BOT’s plans, actions and deliberations. This report shall be titled “Board of Trustees Action Report” and shall be disseminated to the membership at large through electronic mail, on the AMSA Web site, and/or through an official Association publication. (2008)

E. The Board of Trustees shall not amend or change AMSA’s Constitution and Bylaws section by creating interim policy of the Association. The Board of Trustees shall be authorized by a 2/3 vote to create new policies in the Internal Affairs and Principles section of the PPP if timely issues arise between meetings of the House of Delegates. Creation of and implementation of interim policy in Principles shall occur in consultation with the appropriate national leadership and Student Officer Fellow. The passing of any interim policy of the Association shall be voted on at the next House of Delegates meeting for official adoption in the PPP. (2007)
F. The functions of the Board of Trustees also include the following areas:
   1. serve as members of any other committees and/or task forces as appropriate; (2008)
   2. supervision of all fiscal affairs of the Association; (2008)
   3. approval and justification of all income solicited for the Association; (2008)
   4. supervision of all expenditures; (2008)
   5. preparation of budgetary priorities; (2008)
   6. compilation of reimbursement guidelines for expenses incurred in activities related to the Association (2008)
   7. resolution of disputes which may arise in reimbursements of staff and students; and, (2008)
   8. preparation of an annual financial report, which shall include income and expenditures for the current and previous fiscal years. The report shall be in an easily understandable form with special itemization of National Officer, Regional Directors, Regional Conference and Action Committee budgets. This financial statement shall be published in one of the official publications of the Association, which circulates to the Membership-at-Large, between thirty and sixty days prior to the Annual Meeting. This statement shall also be included in the Delegates Handbook at the Annual Meeting. (2008)

Section 13—The Board of Regional Directors (2008)

A. The Board of Regional Directors is charged with supporting the chapters of the Association. This includes:
   a. The recruitment and engagement of the membership through the coordination and dissemination of materials and communications from the national office and professional staff
   b. Empowering chapter officers through application of the resources available throughout the national leadership
   c. Collaborating with the Director of Student Programming and Vice President for Membership to support the Regional Conferences
   d. Developing and executing the Chapter Officers Conference programming as directed by the Vice President for Membership
   e. Developing and executing regional programming in collaboration with the Regional Programming Coordinators, Action Committees, Interests Groups, Task Forces, and other programming leaders as needed.
   f. Recommending, through the Vice President for Membership, which Board of Trustee actions would enhance the effectiveness of the Board of Regional Directors.
   g. Advise the Board of Trustees on matters which pertain to AMSA resource allocation and planning to best support chapters, recruitment and regional programming.

B. The Vice President for Membership shall chair the Board of Regional Directors. The Vice President for Membership shall serve as a non-voting member of the Board of Regional Directors except in cases of a tie. The Vice President for Membership shall represent the Board of Regional Directors on the Board of Trustees.

C. One (1) Director from Regions I, IV, V, VI, VII and IX, and two (2) Co-Directors from Regions II, III, VIII and X shall be invited to each of the Board of Regional Directors meetings. Each Regional Director or Co-Director will be financed by the national budget, and each Regional Director or Co-Director will have a single vote on the Board of Regional Directors.

Section 14—Action Committees

Action Committees represent the long-term, ongoing and overall priorities of the Association. The programming work of AMSA’s Action Committees will be separated into issue based Committees and functional Teams. There shall be six Committees of the Association: Community and Environmental Health; Culture of Medicine; Gender and Sexuality; Global Health; Race, Ethnicity and Culture in Health; and Student Life. In addition, coordinators from the above committees will serve on five functional Teams: Medical Education, Grassroots Organizing, Humanistic Medicine, Policy and Premedical. Restructuring of the Action Committees shall occur no more frequently than reevaluation of our external Strategic Priorities. (2009)
The members of each Committee with the aid and advice of the Committee Chairs and the Board of Trustees shall set the agenda of such committees. Their purpose shall be to implement the policy of the House of Delegates and the Association in each area. They shall carry out projects, distribute information, and aid in policy development for each area. They shall operate under the leadership of Action Committee Chairs, who shall report to the Board of Trustees at each meeting and to the House of Delegates at the Annual Meeting. (1997) (1999) (2001) Chairpeople for Action Committees and Committee Coordinators shall be chosen as set forth in Article VIII, Section 10 of the Constitution and Bylaws. (2005)

Section 15—Vice President for Programming

One representative shall be elected to the Board of Trustees from the Action Committees and Issue Response Groups. The Vice President for Programming shall act as a liaison between the Board of Trustees and the Action Committees. The Vice President for Programming shall also represent the interests of the Action Committees as well as those of the general membership involved in the Action Committees and other initiatives. (2008)

This Trustee shall serve as a member of the Board of Directors of the AMSA Foundation.

The Vice President for Programming shall:

1. Attend and assist in the planning of all meetings of the Executive Board of the Action Committees, through conference calls or in person. (2009)
2. Communicate regularly with the Action Committee Chairs, Director of Student Programming (DSP), the President, Secretary, and Regional Programming Coordinator. (2008)
3. Give report during each Action Committee Executive Board meeting on the known agendas for recent and upcoming Board of Trustees meetings on topics relevant to programming, seek out the opinions of the Action Committee Chairs on these matters, and present the decisions of the Board of Trustees on these matters to the Action Committee Executive Board at the next meeting of that body. (2009)
4. Assist all Committees in staying within their budgets as well as preparing budgets for the Vice President for Finance to consider in the following year. (2008)
5. Facilitate and encourage communications of the Action Committees with the membership through innovative uses of media such as listservs, the AMSA Web site, AMSA Focus, etc. (2001)
6. Coordinate Action Committee chair participation in the Chapter Officers Conference and the Regional Conferences. (2001)
7. Offer input for meeting agendas to the DSP and the President, who respectively are responsible for constructing the agendas for the meetings of the Action Committees and the Board of Trustees. (2009)
8. Help to facilitate meetings of the Action Committee leadership throughout the year, including the elections of new Chairs and Committee Coordinators at the Annual Meeting. (2009)
9. Communicate as necessary with other national leaders, but especially with the Premedical Trustee and Alumni and Resident Trustee in order to stimulate Action Committee work with these two groups of members. (2008)
10. Communicate as necessary with the Legislative Affairs Director in order to stimulate an activist/health policy component within each Action Committee. (2001)
11. Review the PPP yearly and facilitate the writing of resolutions to correct and update AMSA policies. (2001)
12. Provide a report within two weeks following each meeting or substantive action of the Executive Board of the Action Committees to the membership-at-large. (2003)

Section 16—Executive Board of the Action Committees

The Action Committee Chairs, Vice President for Programming and Director of Student Programming shall form an Executive Board for the purpose of administration of Action Committees. It shall oversee the performance of all Action Committees, Issue Response Groups and Interest Groups; budget appropriate funds for the completion of projects, and undertake strategic planning for future issues as necessary for the Action Committees, Issue Response Groups and Interest Groups.
Section 17—The Executive Director

The Executive Director (ED) shall be appointed by a joint commission of the Board of Trustees and the Board of Directors of the AMSA Foundation, and shall serve as the chief administrative officer of the Association. He/she shall have supervision of its administrative, membership and business personnel and direct the operations of the offices of the Association.

The ED shall prepare an annual budget for review by the Board of Trustees. The ED shall undergo an annual performance review that will be conducted by representatives of the Board of Trustees. The ED shall attend the annual convention and the meetings of the Board of Trustees and the Board of Trustees and shall ensure that minutes of these meetings shall be prepared and distributed to the members of the Board of Trustees and shall perform such other duties as may be designated in this Constitution or in the Bylaws or by the Board of Trustees of the Association.

Section 18—Student Office Fellows

For each year that the Board of Trustees (BOT) authorizes, as indicated by allocated funding through the annual budget, the Association shall have Student Office Fellow (SOF) positions. SOF shall be medical student members of AMSA in good standing that work in the National Office full-time for a period of one year. The fellowship description will be determined and agreed upon by the ED, BOT, current SOF, action committees and others as deemed necessary. The position(s) will be filled by an application process and will be hired by the ED with input from an Advisory Committee composed of the ED, the National President, the SOF currently holding the position, a member(s) of the AC Executive Board appointed by the AC Executive Board, and a full-time AMSA or AMSA Foundation staff member designated by the ED. The selection shall occur prior to the deadline for submitting a rank-list to the National Residency Matching Program. To accept the SOF position, the candidate must be a member of the Association. If a SOF position will likely not be funded for the upcoming fiscal year, the BOT will make every effort to inform potential applicants early, prior to the application deadline. (2009)

Section 19—Issue Response Groups

Issue Response Groups represent the interests and projects of a group of medical student members. They may be created time to time by the House of Delegates to address particular areas or issues of concern. The House of Delegates shall determine the mandate, leadership, structure and budget for each Issue Response Group. The Director of Student Programming shall administer Issue Response Groups and oversee their budgets and operations. Coordinators of individual Issue Response Groups will be selected at the Annual Meeting at which they are created. The Executive Board of the Action Committees has the power to create an Issue Response Group outside the House of Delegates, though that Issue Response Group must be ratified at the following House of Delegates or cease to exist. (1997) Their administration and Coordinators shall be chosen as set forth in Section I, Part B and F in the Internal Affairs section.

Section 20—International Federation of Medical Students’ Associations (IFMSA) Exchange Committees

AMSA shall maintain a committee of national exchange officers dedicated to supporting AMSA’s IFMSA exchange program. These shall include the National President, Executive Director and Vice President for Membership, who have the responsibility to ensure the proper support of these committees and their work throughout AMSA. The committees’ structure, procedure and exchange policies shall be established and maintained in the form of the IFMSA Exchange Policy and Procedures document. This IFMSA Exchange Policy and Procedures document shall be updated as needed by the joint exchange committees’ leadership, with approval from the Board of Trustees at the discretion of the National President. (2009)

Section 21—Steering Committees

A. Steering Committees are made of AMSA members who reflect a diverse array of expertise and leadership, are organized around strategic priorities or issues important to AMSA, and are broadly meant to reflect membership interests. Steering Committees work closely with pertinent members of the Action Committees and Student Office Fellows to assist AMSA’s ongoing education and advocacy efforts related to the important strategic priorities or issues around which they are organized. (2009)

B. The Steering Committees serve as policy, educational, and grassroots resources for AMSA. They inform AMSA’s programming, legislative agenda, and events throughout the year. (2009)
C. Steering Committees will determine their own selection processes and will be run by a Chair or Chairs and overseen by the action committee executive board. The Steering Committee Chair(s) shall facilitate communication with the members of the Steering Committee, through mechanisms such as monthly conference calls. Members of the Steering Committee shall provide expertise by topic or skill as designated by the Steering Committee Chair(s). National conference fees shall be waived for the Steering Committee chair(s). (2009)

ARTICLE VIII. ELECTIONS OF THE OFFICERS AND TRUSTEES

Section 1—President-Elect, Vice President for Membership, Vice President for Finance, Secretary, Vice President for Programming

1. The House of Delegates shall elect the Vice President for Membership, Vice President for Finance, Secretary, and Vice President for Programming of the Association at its annual meeting. Prior to said meeting, the Secretary and Vice President for Internal Affairs shall appoint a Nominations Committee. (2009)

2. Candidates for the Vice President for Membership, Vice President for Finance and Vice President for Programming offices shall have had prior AMSA leadership experience as a past member of the Board of Trustees, as a Student Office Fellow, or as a regional director, regional programming coordinator, action committee chair, action committee coordinator, or any previously funded national leader. In the event no candidates with this experience requirement have been announced 30 days prior to the annual meeting of the House of Delegates, the candidacy of medical student members without this prior experience shall be accepted. (2009)

3. As soon as it is technologically feasible, the election of the President-Elect shall occur prior to the deadline for submitting a rank-list to the National Residency Matching Program. Elections for President-Elect will occur in a manner consistent with elections of other AMSA officers during a special session of the House of Delegates. (2009)

4. At the time designated in the order of business for the Annual Meeting of the House of Delegates, the Nominations Committee shall present the names of all nominees then known for each of the offices, except for the President-Elect, to the House of Delegates. Following the report of the Nominations Committee, additional nominations for each of the offices, except for the President-Elect, may be made from the floor of the House of Delegates. (2009)

5. Challenges to offered credentials shall be received by the Nominations Committee and reviewed before 5:00 PM on the day preceding elections with the candidate, prior to which he/she may revise an offered curriculum vitae or statement of candidacy. If such revised credentials are subsequently found to be false, the candidate will be found to be disqualified, and the runner-up shall be elected in his/her place. The Board of Trustees will fill vacancies in such positions.

6. Challenges to the election results shall be reported to the Nominations Committee before the post-convention Board of Trustees meeting. The Nominations Committee will then investigate the challenge before the post-convention Board of Trustees meeting and will report their preliminary findings to the rising Vice President for Internal Affairs before that meeting. The Vice President for Internal Affairs will then be responsible for reporting all information on challenges to the Board of Trustees at the post-convention Board of Trustees meeting. (1994)

7. All national officers shall take office immediately upon their election, with the exception of the President-Elect, who will take office approximately 30 days prior to the Spring Board of Trustees meeting following his/her election.

8. No Member shall be permitted to run for more than one national office within a single session of the House of Delegates. (2003)

Section 2—Election Procedures

1. Voting shall be made by secret ballot, with each delegate entitled to cast one vote for each office to be filled.

2. The candidates for each office receiving a majority of the votes cast for that office shall be elected. Elections for any national offices in which there are more than two candidates use a system of instant runoff voting. Under this system, in which each chapter has as many votes as they have delegates to the HOD as outlined in Article IX of the Bylaws, each delegate ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last place candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each voter’s ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes. In case of a tie the candidates receiving the two (2) highest number of votes in the first ballot shall be included in the second
balloting. Additional balloting for said office shall continue until one (1) candidate shall receive a majority of votes cast on a reballot and he/she shall be elected to said office. (2002)

Section 3—Regional Directors

Each established geographical region shall be responsible for determining the election of the Regional Director(s) from said region. Each chapter in said region shall be entitled to one vote in the election of said Regional Director(s), except in Regions II, III, VIII and X, where each chapter shall have one vote for each Co-Trustee. In all regions from which there are candidates running for national office, it is encouraged that regional elections shall be held after the national election results have been determined.

In regions with one Regional Director position, each chapter present from that region will cast one vote. Elections in which there are greater than two candidates shall use a system of instant runoff voting. Under this system, each chapter ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last choice candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each voter’s ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes.

In regions with more than one position for Regional Director, the above method will be used to determine the one winning candidate. At this point, all ballots will effectively have the winning candidate’s name removed. After doing this, the ballots will be counted again, using the same instant runoff method described above, until a second winning candidate is determined. The names of the two winning candidates will then be announced with no reference to which candidate received more votes.

In the case of a tie, regions are encouraged to hold a reballot. During the reballot, the individual conducting the election shall vote. This ballot will be counted only in which case of a tie on the revote, in which case it will be used to break the tie and determine the winner. (2002) Regional Programming Coordinator elections in regions shall be conducted in the same manner as Regional Director elections.

All ballots for Regional Director or Regional Programming Coordinator elections shall be turned in by the Regional Director to the Secretary and Vice President for Internal Affairs immediately following elections. Disputes of election procedure or challenges of election results shall be made to the Secretary and Vice President for Internal Affairs prior to the start of the post-convention meeting of the Board of Trustees. (2002)

Section 4—Premedical Trustee and Premedical Regional Directors

1. The Premedical Trustee and the Premedical Regional Directors shall be elected by the Association’s premedical constituency at a meeting of the Premedical Caucus at the national convention. The candidates for the position of Premedical Regional Director shall attend a school or reside within the region that they wish to represent in the upcoming year. (2004) At least five (5) affiliate premedical chapters must be present at the time of the election or the positions shall be declared vacant (1991) (2000). Both the Premedical Trustee and Premedical Regional Director shall be members of the Premedical Caucus. (1991)

For election of the Premedical Trustee, each chartered premedical chapter attending shall be entitled to one (1) vote. If there are greater than two candidates, the election shall use a system of instant runoff voting. Under this system, each chapter ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last choice candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes. (2003)

For election of the Premedical Regional Directors, each chapter shall cast one ballot with votes for a number of candidates equal to that number of positions available. Those candidates who receive the highest number of votes shall be elected. (2003)

Section 5—Premedical Representatives for the Action Committees and Interest Groups, (2004)

1. The Premedical Representative shall be elected at the national convention during each Action Committee and Interest Group organizational time by the same method as the Action Committee and Interest Group
Section 6—International Trustee and International Regional Directors (2009)

The International Trustee and the International Regional Directors shall be elected by the Association’s international constituency at a meeting of the International Caucus at the National Convention. The candidates for the position of International Regional Director shall attend a school or reside within the region that they wish to represent in the upcoming year. (2009) At least five (5) international chapters must be present at the time of the election or the positions shall be declared vacant. (2002)

Each chartered international chapter attending shall be entitled to one (1) vote in the election of the International Trustee. In each election, if there are greater than two candidates, the election shall use a system of instant runoff voting. Under this system, each chapter ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last choice candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes.

For election of the International Regional Directors, each chapter shall cast one ballot with votes for a number of candidates equal to that number of positions available. Those candidates who receive the highest number of votes shall be elected. (2009)

Section 7—Alumni and Resident Trustee

The Resident Caucus shall elect the Alumni and Resident Trustee at the Annual Meeting. Any candidate for Alumni and Resident Trustee must have already earned an M.D. or D.O. degree (2002) and be enrolled in a postgraduate training program. (2003) Each member of the Resident caucus present at the election shall be entitled to one (1) vote in the election of the Alumni and Resident Trustee. In instances when there are greater than two candidates for Alumni and Resident Trustee, the election shall use a system of instant runoff voting. Under this system, each chapter ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last choice candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes. (2003)

Section 8—National Leadership Code of Election Conduct

Members of the AMSA national leadership, including Board of Trustees members, Regional Programming Coordinator, Action Committee Chairs and Coordinators, and Interest Group coordinators, shall not give unsolicited opinions about candidates for national or regional office or candidates for action committee or interest group positions. Upon being asked about a candidate, leaders may speak personally about a candidate if, and only if, they clearly state that they do not speak on behalf of the AMSA national leadership. At no time should an AMSA National Leader make a statement about a candidate when serving in his or her official capacity (e.g., running regional time, serving as a speaker on a panel, facilitating a session, etc.) (2002)

Section 9—Code of Election Conduct (2001)

1. No distribution of campaign materials. The Nominations Committee chair, with the assistance of the Secretary and Vice President for Internal Affairs, will determine how the candidates will identify themselves as such.

2. No form of mass communication will be utilized by any candidate in efforts to “campaign” with the general membership. CVs and personal statements shall be submitted to the AMSA national office and must be postmarked 60 days prior to the convening of the HOD. Candidates entering the race after that time may submit a CV, which will be disseminated by the Secretary and Vice President for Internal Affairs to the HOD.
3. Nominees shall publicly address the membership only at times determined by the HOD Nominations Committee.
4. Receptions and/or hospitality should not be used for promotion of a candidate.
5. No member of AMSA shall recklessly or negligently disseminate information on behalf of a candidate about another AMSA member or candidate. In addition, no AMSA member shall take any action to unduly positively or negatively affect the election outcome of any candidate. If this occurs, any knowing individual is obligated to notify the Nominations Committee in writing immediately, preferably by 5 p.m., the night prior to the election. If it is submitted after 5 p.m., then the Nominations Committee shall have the power to postpone the election for that office to review the allegations. Any postponement of the election beyond the closure of the HOD requires approval of the HOD. If the allegation of misconduct is found to be valid or will discredit the organization, the Nominations Committee shall determine the best course of action. (2007)
6. AMSA national leaders will undergo 360-degree feedback as determined by the BOT on an annual basis. Anonymous, aggregated data will be made available during elections. If a current national leader seeks additional leadership opportunities, he/she must use the most recent feedback, but the use of older feedback in addition is optional. (2009)
7. No AMSA National Leader or Student Officer Fellow member shall offer unsolicited opinions regarding candidates, take action to unduly positively or negatively affect the election outcome of any candidate, or use personal relationships with candidates to serve as a basis for campaigning for or against their candidacy. (2009)
8. The rising Vice President for Internal Affairs and the Vice President for Internal Affairs (if not running for a national office) shall advise the Nominations Committee as necessary and conduct the HOD as appropriate.
9. In all other circumstances, the Nominations Committee shall determine the appropriate course of action.

Section 10—Selection of Action Committee Chairs and Committee Coordinators (2002)

A. Candidate profiles: Each Action Committee Chair, with assistance from the Vice President for Programming and the Director of Student Programming, shall develop a candidate profile form for each Action Committee Chair and Coordinator position. (2009)

These candidate profile forms shall be made available prior to the Annual Meeting, and should be advertised and made available on each Action Committee lisserve and the AMSA Web site.

B. Eligibility: Only full medical student members shall be eligible to run for Action Committee Chair, with the exception of the Premedical Team chair, who can be a premedical student member. Full medical student members of the Association and premedical and international affiliate members, and naturopathic medical students shall be eligible to run for Action Committee Coordinator positions. (2009)

Votes shall be cast on a one-vote-per-member basis. Each medical and premedical chapter shall be limited to a maximum of three votes per position. If a chapter has more than three attendees at organizational time, they shall designate three voters to represent their chapter. No member shall vote in absentia. (2009)

The Secretary and Vice President for Internal Affairs shall enforce the three-vote per chapter limit. All ballots shall be returned to the Secretary and Vice President for Internal Affairs immediately after the elections. (2009)

Elections for Chair or single Coordinator positions in which there are greater than two candidates shall use a system of instant runoff voting. Under this system, each voter ranks the candidates in order of preference. The counting of ballots simulates a series of runoff elections. All first choices are counted, and if no candidate wins a majority of first choices, then the last choice candidate is eliminated. Ballots of voters who ranked the eliminated candidate first are redistributed to their next choice candidates, as indicated on each voter’s ballot. Last place candidates are successively eliminated and ballots are redistributed to next choices until one candidate remains or a candidate gains a majority of votes.

In elections for more than one coordinator position, the above method will be used to determine the first winning candidate. At this point, all ballots will effectively have the winning candidate’s name removed. After doing this, the ballots will be counted again, using the same instant runoff method described above, until a second winning candidate is determined. The process will continue until all spots are filled. The names of the winning candidates will then be announced with no reference to the number of votes each candidate received.

Disputes of election procedure should be addressed to the Secretary and Vice President for Internal Affairs and the Nominations Committee before the post-convention Board of Trustees meeting.
ARTICLE IX.       HOUSE OF DELEGATES

The House of Delegates of the Association shall meet annually to elect the officers, except for the President-Elect, and one Vice President for Programming, establish and amend the policy of the Association and conduct such other business as may be necessary. (2009)

Section 1—Representation of Full Medical, Resident and International Affiliate Members

A. Medical Chapters

Each medical chapter of the Association that has received a charter, as described in Article IV of the Constitution and Bylaws, shall be entitled to representation in the House of Delegates of the basis of one (1) delegate for every two hundred fifty (250) medical student members, or majority fraction thereof. Each such delegate shall be an active member of the Association. In the absence of any such delegate, an alternate delegate shall be seated in his/her place. (2004)

The number of delegates to the House of Delegates for the degree granting institution shall be determined by the total number of student members at the main campus, plus those at all of the branch campuses which do not have separate chapter status.

The number of medical student members at any given chapter is determined seventy-five (75) days prior to the Annual Meeting by the national office so that chapters have adequate time to select the Delegate(s) and to solicit financial support for those members. Students who join the Association after the deadline date and prior to the Annual Meeting are considered in the following year’s membership tabulation for each chapter. (2003)

B. Resident Members

Resident members of the Association as defined by Article III, Section 1B shall be entitled to representation in the House of Delegates on the basis of ten at-large votes. (2008) Each delegate must be a resident member of the Association. Medical students who have successfully matched and will be entering internship are not considered Resident members and may not vote as such in the HOD. (2006)

Resident delegates will be chosen at the beginning of the Annual Meeting by general caucus of all Resident members present at the Meeting in a ratio of 6:4 of primary care: specialty fields, unless not possible to do so due to lack of resident representation from these fields. Delegates will be selected by a majority vote. In the absence of any delegate, an alternate delegate may be seated. (2008)

C. International Members

Each chartered International Chapter shall be entitled to one (1) voting delegate in the House of Delegates of the Association for every two hundred (200) medical student members, or fraction thereof, of said chapter. The total number of delegates from all international chapters shall not exceed the total number of regions in the Association (10). If more than ten delegates wish to vote, designation of delegates shall be based firstly on the proportional number of delegates eligible from each chapter (according to the number of medical student members) and secondly on the order in which chapters register their official delegate(s) with the International Trustee for the annual meeting. (2003)

Section 2—Ex-Officio Representation

Ex-officio members of the House of Delegates shall include the international delegates, regional affiliate premedial delegates, members of the Board of Trustees, members of the Board of Regional Directors, members of the Executive Committee of the Action Committees, the Student Office Fellows, the Vice Chairs of the House of Delegates, the past presidents of the Association, and the chairpersons of the committees of the House of Delegates of the Association. Ex-officio members shall have the right to address the House of Delegates upon recognition by the Chair but shall not have the right to vote, unless they are a voting delegates as specified in Article IX, Section 1. (2009)

A. Affiliate Premedical Sustaining Members

Premedical Sustaining Members of the Association shall be entitled to ex-officio representation in the House of Delegates. Each Premedical affiliate region shall be entitled to one (1) ex-officio delegate to the House of Delegates.
Section 3—Delegate Selection

The Delegate(s) serve as the local chapter’s formal representative(s) to the House of Delegates. Although the national organization cannot dictate the process of selection for Delegates at the local chapter level, all chapters are encouraged to maintain an open and fair policy of Delegate selection. As general guidelines, the House of Delegates encourages local chapters to call a meeting of the membership a minimum of thirty (30) days prior to the Annual Meeting to select their Delegate(s). Any active member may serve as a Delegate for a local chapter. Resident delegates may name three (3) alternates for each voting delegate. Alternates will be selected by the same method used for selection of delegates. Alternates must be participating in a residency or fellowship program in the region from which they are selected.

In addition to the Delegate(s), each chapter may name three (3) Alternate Delegates for each designated delegate. One (1) Delegate Handbook will be distributed to each Delegate, while extra copies and updated resolutions will be available from the Credentials Committee upon entering the floor of the House. During the proceedings of the House of Delegates, only one individual may be seated per authorized position. The national office is notified of the Delegate(s) and Alternate Delegates selected by local chapters through the “Delegate Certification Forms” distributed with the “Official Call.” All the Delegates for a chapter must be certified by the Chapter President. Resident Delegates and Alternate Delegates will complete Delegate registration forms and be credential ed at the first opening session of the House of Delegates.

Each International Chapter shall be entitled to one ex-officio member in the House of Delegates of the Association as well as three (3) alternate delegates. One (1) Delegate Handbook will be issued for each designated nonvoting member. The caucus of AMSA members studying at international medical schools will certify their selection of nonvoting members and alternates to the Credentials Committee Chairperson. (2003)

Section 4—Delegate Responsibilities

The primary responsibility of each Delegate/Alternate Delegate is to present the views of his/her chapter before the House of Delegates. Each Delegate is sent information approximately twenty-five (25) days prior to the Annual Meeting about the organization and all proposed resolutions and amendments to be considered by the House of Delegates. Before the Annual Meeting, it is the responsibility of the Delegate(s) and Alternate Delegates to become familiar with the policy of the Association. It is the responsibility of the Delegates and Chapter Officers to call a meeting of the chapter at this time to review all pertinent items. All proposed amendments and resolutions must be reviewed with members of the Chapter in order to adequately represent their viewpoints. (2003)

Section 5—Addressing the House of Delegates

Only delegates and ex-officio members of the House of Delegates and members of the presenting reference committee shall have the right to address the House of Delegates, unless the House of Delegates grants an unauthorized member or guest the right to the floor by a simple majority vote. (2001)

Section 6—Official Observer Status

1. National Organizations may apply to the Board of Trustees of the American Medical Student Association for Official Observer Status in the House of Delegates. Applicants must demonstrate compliance with guidelines for official observers adopted by the House of Delegates, and the Board of Trustees shall grant Official Observer Status based on these criteria.

2. Official Observer Status shall be granted to all organizations to which AMSA has an official liaison relationship. (2005)

3. Organizations with Official Observer Status are invited to send one representative to observe the actions of the House of Delegates at the annual meeting. Official observers have the right to speak and debate on the floor of the House upon invitation from the Chair. Their debate time is limited and is left up to the discretion of the Chair of the House. Official observers do not have the right to introduce new business, introduce an amendment, make a motion or vote.

4. The guidelines for Official Observer Status for non-liaison organizations are as follows: (2005)

a. The organization and AMSA should already have an informal relationship established and have worked for the mutual benefit of both.
b. The organization should be national in scope and have similar goals and concerns about health issues.

c. The organization is expected to add a unique perspective and bring expertise to deliberations in the House.

d. The organization must submit their application for observer status at least two weeks before the AMSA Fall Board Meeting so that all applications can be reviewed at the Fall Board meeting and if approved, the student organization can participate as an official observer at the subsequent House of Delegates at the following annual meeting. (2001)

Section 7—Voting Guidelines

An affirmative vote of at least two-thirds (2/3) of the delegates present and voting shall be necessary for amendments to the Constitution or Bylaws as specified in Article XVIII of the Constitution and Bylaws. Otherwise, all questions shall be decided by a majority of the votes cast.

Section 8—Order of Business

The order of business of the House of Delegates shall be determined and published by the Board of Trustees and shall be distributed to the delegates at the commencement of the Annual Meeting of the House of Delegates. The order of business shall be changed only by a vote to that effect by at least two-thirds (2/3) of those voting.

Section 9—Quorum

The right to vote shall be vested in the duly elected delegates from each chapter. In order for quorum to be established, a majority of the registered delegates must be present at the House of Delegates. Registered delegates will be defined as delegates that are registered at any time before the start of business on the first day of the House of Delegates. During the absence of a delegate from the floor of the House of Delegates, his/her vote shall be vested in the corresponding duly elected alternate delegate from said chapter. No other votes of a proxy nature shall be allowed.

Section 10—Meetings of the House of Delegates

The House of Delegates shall meet during the Annual Meeting of the Association and at such other times and places as it may determine. The date of the Annual Meeting shall be announced at least one hundred twenty (120) days prior to such meeting. Special meetings of the House of Delegates may be called by a vote to that effect of at least two-thirds (2/3) of the chapters in the Association. Each chapter shall be given notice by registered mail of the special meeting and the business of the meeting within fifteen (15) days of the call. The special meeting shall be held not less than fifteen (15) days, or more than sixty (60) days, after notice has been sent to the chapter.

Section 11—Selection of the Chairperson and Vice Chairs

The Vice President of Internal Affairs, who is in the second year of his/her term shall serve as Chairperson of the House of Delegates and shall preside at all sessions of the House of Delegates. The Secretary, who is in the first year of his/her term, shall serve as a Vice Chair. At least sixty (60) days prior to the Annual Meeting, the Vice President for Internal Affairs, serving as Chairperson, shall appoint a second Vice Chair, with the approval of the Board of Trustees, to assist in the smooth functioning of the House of Delegates.

The second Vice Chair shall be an active member of the Association at the time of his/her appointment and shall not be a candidate for national office, (2002) and said appointment shall be based on knowledge of parliamentary procedure and experience in conducting meetings similar to those of the House.

Section 12—Submission of Resolutions to the House of Delegates

All resolutions from members or chapters must be postmarked or delivered in person to the national office of the Association no later than sixty (60) days prior to the opening session of the House of Delegates at the Annual Meeting at which they are to be considered. If this date falls on a Sunday or legal holiday in a given year, then the deadline is extended to the next regular business day. The Association shall distribute copies of these resolutions to members of the House of Delegates and local chapter contacts by thirty (30) days prior to the Annual Meeting at which they are to be considered. After the deadline for delivery of resolutions to the national office, resolutions may only be submitted to the House of Delegates for consideration with approval of the Board of Trustees. (2001)
Section 13—Committees of the House of Delegates

In order to enable the House of Delegates to function smoothly and efficiently, the President and the Chairperson of the House appoint a number of Committees to serve for the duration of the Annual Meeting.

A. Rules Committee. The Rules Committee consists of the President, the Chairperson of the House of Delegates and the Vice Chairs of the House of Delegates. The function of the Committee is to clarify the working rules of the House of Delegates for the official business sessions. The Rules Committee report is distributed prior to the Annual Meeting and consists of the following information:
1. method of Delegate(s) registration;
2. seating of the Delegate(s) in the House of Delegates;
3. designation of ex-officio members of the House of Delegates;
4. use of proxy votes during business sessions;
5. voting procedures for the election of National Officers;
6. length of speeches and debate;
7. the procedure by which motions and resolutions are introduced for consideration by the House of Delegates; and,
8. special rules for the functioning of the House of Delegates.

B. Credentials Committee. The Credentials Committee consists of medical student members of the Association, including a designated Chairperson, and functions to maintain the official roll of those entitled to vote in the official business sessions of the House of Delegates. The number of committee members will be determined by the Secretary and Vice President for Internal Affairs. (2002) The Committee also certifies that a quorum is present for the official business sessions of the House. One of the members of the Credentials Committee also serves as the Sergeant-at-Arms for the House of Delegates during the business sessions.

C. Nominations Committee. The Nominations Committee consists of medical student members of the Association, including a designated Chairperson, who are not candidates for any national office. The number of committee members will be determined by the Secretary and Vice President for Internal Affairs. (2002) The functions of the Committee are to ensure that all candidates for national office are medical student members, to present all identified candidates to the House of Delegates during the Open Session and to oversee the electoral process.

D. Reference Committees. All resolutions submitted before the appropriate deadlines will be referred to the Reference Committees and reported to the House of Delegates during the Annual Meeting in which they are introduced. All proponents and opponents of the resolutions will be given a reasonable opportunity to appear before the Reference Committee to bring testimony on their position. The Reference Committees will report to the House of Delegates the resolutions either as submitted, amended, or rejected, giving pertinent explanation for their recommendations. The House of Delegates will then adopt, defeat, or amend the committee report. The resolutions adopted then become the policy of the Association.

1. Reference Committee Structure. Each Reference Committee consists of members, preferably with no more than two members from each region, including a designated Chairperson chosen by the President and the Chairperson of the House of Delegates, from applications solicited from the general membership. The number of committee members will be determined by the Secretary and Vice President for Internal Affairs. (2003) In order to avoid any conflict of interest, no person may be a member of any Reference Committee to which he/she has submitted a resolution. Reference Committee members are selected on the basis of their objectivity, past experience and geographic representation.

2. Reference Committee Responsibilities. Each Reference Committee holds “open” sessions to hear testimony on the amendments and resolutions referred to it. In addition, Reference Committees will be assigned reports submitted to the House of Delegates on a “For Information Only” basis, for review and comment. The Reference Committees will post an “agenda” so that members can plan their attendance at the various hearings. The Chairperson of the Reference Committee generally calls for testimony from regional representatives prior to hearing other testimony, in order to receive input from the greatest number of members.
Any individual is invited to contribute, whether he/she speaks for a region, a chapter or simply for themselves. Each Reference Committee must recommend specific action to the House of Delegates on each referred amendment or resolution. The Committees may not change the intent of any resolution; however, they may modify the wording of resolutions in concert with opinions expressed in testimony. The Committee may consolidate resolutions with similar intent. If the Committee members disagree with the intent of the resolution based on the testimony presented to them, they may recommend rejection to the House of Delegates. The Reference Committee reports should reflect the testimony presented, plus a consideration of the resolution in light of existing policy and other resolutions submitted for consideration by the House of Delegates. (2003)

Section 14—Special Rules of Order
Prior to voting on any resolution or amendment before the House of Delegates, at least one (1) “con” spokesperson and one (1) “pro” spokesperson shall be allowed to give testimony before an immediate vote motion may be made. If such spokespersons are not waiting to give testimony, a motion for an immediate vote may be entertained. (2003)

ARTICLE X. REGIONAL CONFERENCES (2002)

1. In the fall of each year, the Board of Trustees shall organize and hold Regional Conferences at several locations across the country. These conferences shall involve members for the purpose of orienting them to the national and regional organization and developing mechanisms for local implementation of national policy actions set by the previous House of Delegates. Regions are encouraged to hold Regional Conferences at fully accessible locations, as defined by the Americans with Disabilities Act of 1990. (1997)

2. During regional meetings at conferences, members of the region will provide feedback to the Regional Directors and regional programming coordinator regarding their performance and responsiveness to the membership. Via the feedback given at the conference, the Regional Director and regional programming coordinator can direct future action to meet the needs of the region.

3. The location of the regional conferences shall be approved by the BOT in time for the regional conference training that commences immediately after the Annual Convention. (2009)

ARTICLE XI. DISCRIMINATION

Neither the Association, nor its chapters, may refuse membership on the basis of race, religion, color, gender (1993), sexual orientation and gender identity, national origin, creed, disabilities (1993) or veteran status, but chapters shall otherwise determine the qualifications of their own members where not inconsistent with the Constitution and Bylaws of the Association. Organizations that discriminate in recruitment and for employment on the basis of gender, race, religion, sexual orientation and gender identity, national origin, or creed or disabilities (1993) be prohibited from recruitment or offering employment in AMSA’s exhibit hall, The New Physician, or in other books or items which are, in part or whole, published or endorsed by AMSA (1993).

In the event that there is a suspected or known violation of the antidiscrimination policy or the principles regarding advertisement in AMSA’s exhibit hall, in The New Physician, or in other books or items which are, in part or whole, published or endorsed by AMSA (1993), the member(s) are to register their complaint to the Board of Trustees who will then follow the appropriate and established organization protocols to address such complaints.

ARTICLE XII. FINANCES

Section 1—Dues

Dues for all AMSA members, including medical students enrolled in standard MD/DO programs in the United States or Canada, international students, premedical members and non-physician providers, shall be set by the Board of Trustees in conjunction with input from the ED and membership department staff. (2007)

The dues will not increase by more than $10 in any given year, unless authorized the HOD, with no dues increase in two successive years. (2007)
Any change in dues will be reported to the HOD by the National Vice President for Finance, in his/her year-end report, citing the reasons for the change and the proposed fiscal impact. (2007)

Section 2—Fund-raising Guidelines

No funds may be raised for activities and publications of the Association from sources disapproved by the House of Delegates or the Board of Trustees.

AMSA Board of Trustees and national level of Action Committees shall not accept unrestricted funds from any commercial or for-profit source. When AMSA accepts restricted funds from any commercial or for-profit source, letters of understanding must be drafted and signed by AMSA and the funding source to specify:

1. recognition of commercial support should be limited to publication of corporate name only and information about the project not be used in commercial advertising by the sponsoring source;
2. funding sources shall not control the content, planning administration or other aspects of each project beyond the appropriate administrative review, to include a summary report that AMSA will provide to the sponsoring source;
3. no project should directly generate sales of products of the sponsoring company and that, if appropriate, there should be information provided to the participants and public that there is no commercial obligation implied;
4. any relevant AMSA policy concerning such an activity.

AMSA will publish, on a yearly basis, a list of its current sources of funds from commercial and for-profit sources, which will be available from the national AMSA office upon request.

Section 3—Authority to ExpendDate

Funds may only be expended by order of the Board of Trustees on checks signed by the ED, or his appointee, to defray expenses of the Association, its publications, and to further the purposes of the Association.

Section 4—Copyright Guidelines

AMSA retains the right to copyright any materials or products produced or published under the auspices of AMSA. Such products may be published and marketed only by AMSA, unless otherwise agreed to by the Board of Trustees. The author(s) may continue to use and reproduce the product for personal use, and will retain proprietary rights other than copyright, provided that:

1. the copies are not used to imply AMSA endorsement;
2. the sources, AMSA, and the copyright date are listed;
3. the copies are not offered for sale.

AMSA may require recipients of project funds to sign a copyright release form approved by the Board of Trustees.

ARTICLE XIII. OFFICIAL RECORDS

The minutes of the proceedings of the Board of Trustees and the House of Delegates, the membership rolls and the Books of Accounts shall be open to inspection at the national office of the Association upon the written request of any active member within thirty (30) days of the receipt of the request and shall be produced at any time when requested by a simple majority vote of the delegates at any meeting of the House of Delegates. Such inspection may be made by an agent or attorney, and shall include the right to make extracts thereof. Demand of inspection, other than at the meeting of the House of Delegates, shall be in writing addressed to the President of the Association and shall be at the member’s expense.
ARTICLE XIV. PARLIAMENTARY AUTHORITY

The rules contained within the current edition of Robert’s Rules of Order shall govern this Association in all cases to which they are applicable, and to which they are most consistent with the Constitution, these Bylaws or the special Rule of Order of this Association.

ARTICLE XV. INSIGNIA

There shall be a seal and such other insignia as are adopted by the Board of Trustees, and these shall be recognized as the official seals of the Association.

ARTICLE XVI. PUBLICATION

Section 1—The New Physician

The New Physician shall be the official journal of the Association. The editorial policy of the journal shall be determined by the Board of Trustees and administered by the editor, who shall be an employee, but not necessarily a member, of the Association. The editor shall be appointed by the Executive Director (ED) of the Association, with the advice and consent of the Board of Trustees, and the term shall be indeterminate.

Section 2—Managing Publisher

The ED of the Association, or his/her designee, shall be the Managing Publisher of the journal.

Section 3—Student Editor

While The New Physician is a professionally produced publication, it seeks to serve the information needs of medical students. Formalized student input is required to provide a complementary and necessary perspective for the professional staff. The journal shall have a Student Editor who shall be an active member of the Association and shall be chosen based on both editorial experience and AMSA involvement. He/she shall be appointed by the outgoing Editorial Advisory Board for a renewable term of one year to begin at the May BOT meeting. The Student Editor’s duties shall include, but are not limited, the following: (2008)

a. Coordination of the Editorial Advisory Board (EAB) in its efforts to critique TNP and relaying the EAB’s commentary to the Executive Editor. In this regard, the Student Editor must attend the annual planning meeting of the TNP staff and the Student Office Fellows. (2005)

b. Shall carry out the policy of the House of Delegates as a member of the Board of Trustees and serve as the liaison between the EAB, Executive Editor and the Board of Trustees. (2008)

c. Reporting out at Board meetings for the purpose of information. The Student Editor must submit a written report no later than two weeks before each Board meeting to the ED and the National President. This report will contain updates on TNP, concerns regarding student involvement, and any other issues that need to be addressed by the Board of Trustees. The report shall contain input from the Editorial Advisory Board. (2008)

d. Periodic and regular review of manuscripts at the discretion of the Executive Editor.

e. Providing input into the long-range goals, content, and direction of TNP in conjunction with the EAB.

f. Seeking out students with interesting experiences and perspectives for interview at the discretion of the Executive Editor.

g. Seeking out students with journalistic skills and an interest in writing for publication assignments at the discretion of the Executive Editor.

h. Solicitation and formulation of manuscript topics in conjunction with the EAB for use by the Executive Editor.

Section 4—Advisory Board

*The New Physician* shall have an Advisory Board. The composition of the Board shall be the Student Editor and four members of AMSA as approved by the Board of the Trustees in their Spring Board of Trustees meeting. This Advisory Board can include both medical students, premedical students and residents, and will be selected on the basis of editorial and journalistic experience as well as significance of AMSA involvement. Board members will serve one-year terms to begin every June. Additional members of the Advisory Board can be appointed by a 2/3rds majority vote of the Board of Trustees as needed. (2005)

The Advisory Board’s duties will be as follows:

a. Serving as the liaison between the Board of Trustees and *The New Physician*. Members of the Advisory Board must each submit a written report to the Board of Trustees by the Fall Board of Trustees meeting that contains updates on *TNP*, concerns regarding student involvement, and any other issues that need to be addressed by the Board of Trustees. (2005)

b. Bringing up issues of concern to the EAB on behalf of AMSA members. In this regard, members of the Editorial Advisory Board must attend the annual planning meeting of the *TNP* staff and the Student Office Fellow. (2005)

c. Improving communication of AMSA’s priorities through *TNP*. (2005)

d. Working with the Student Editor to seek out students with journalistic skills who are interested in writing for *TNP* and who are interested in sharing their experiences and perspectives. (2005)

e. Providing input to the Executive Editor as to the long-range goals, content, and direction of *TNP*.

f. Ensuring that advertisements in *The New Physician* are in keeping with the advertising guidelines in the Internal Affairs.

Section 5—AMSA Focus

AMSA Focus shall be the official newsletter of the Association. It shall provide information about member opportunities and activities.

ARTICLE XVII REPORTS

Section 1—Reports of the Board of Trustees

In the interest of increasing the benefits to the Membership-at-Large from general interest Association programs, as well as increasing the information available to the Membership-at-Large as to the functioning of the Board of Trustees, the following reports will be published in an official publication of the Association which circulates to the Membership-at-Large at the indicated times:

1. Association Activities Report. The Board of Trustees will ensure publication of a report of the Association’s general interest activities, including all trips to foreign countries. Every effort shall be made to have these reports published within three (3) months following the events.

2. Financial Report. The Vice President for Finance shall prepare an annual financial report, which shall include income and expenditures for the current and previous fiscal year. The report shall be in an easily understandable form with special itemization of National Officer, Regional Director, Regional Conference and Action Committee budgets. This financial statement shall be reviewed by the Board of Trustees and published between thirty and sixty days prior to the Annual Meeting.

3. Board of Trustees’ Actions Report. The Vice President of the Association will be responsible for communicating the most recent Board of Trustees’ plans, actions, and deliberations as specified in Article VII, Section 14, Subsection F. (2002)

In addition, each Regional Director is urged to communicate to his/her region how he/she voted on particular issues that come before the Board of Trustees; and the Board of Trustees shall have the power to waive the above-stated requirements for issues of a sensitive nature when it is in the Association’s best interests to keep the information at the level of the Board of Trustees. (2002)
Section 2—Annual Activities Reports

All of AMSA’s national leadership including, but not limited to, National Officers, Regional Directors, Regional Programming Coordinators, Premedical Trustee, Premedical Regional Directors, Alumni and Resident Trustee, Vice President for Programming, Action Committee Chairs, and Student Office Fellows shall compose an Annual Activities Report that summarizes his/her activities and details his/her financial expenditures. This report is to be submitted no later than 60 days postmarked before the Annual Meeting. Funding of travel to the Annual Meeting shall be contingent on timely submission of this Annual Report to the National Office. Failure to submit the report by 60 days postmarked before the Annual Meeting will be grounds for withholding funding.

In the case of the National Officers, this report shall be included in the Delegates Handbook. In the case of the Regional Directors, this report, one per Director, will be included in the Delegates Handbook and published as a final edition of the Regional newsletter to be received by the Regional contacts at least thirty (30) days prior to the Annual meeting. A copy of the report shall be placed in a notebook, one per Region, containing copies of past reports of Regional Directors from that Region. The notebook will be retained by the Regional Director during the year and passed on to his/her successor at the Annual Meeting. In Regions with more than one Director, one report may be submitted, provided this report accurately reflects the activities and expenditures of all Directors in the Region. In addition to a summary of activities and expenditures, the report of the Regional Director should contain an assessment of the general state of the Region and should reflect the Directors dealings with each of the chapters in the Region. (2003)

In the case of the Regional Programming Coordinators, their year-end reports will be submitted in January and included in the Delegates Handbook. In addition, the Regional Programming Coordinators will submit an interim report to the Board of Trustees before the Fall Board meeting. In the case of the Vice President for Programming to the Board of Trustees, this report shall be included in the Delegates Handbook and be distributed to national leadership at least thirty (30) days prior to the Annual Meeting. One copy of each report shall be retained at the National Office for reference. (2003)

ARTICLE XVIII.     AMENDMENTS TO THE CONSTITUTION AND BYLAWS

Proposed amendments to this Constitution and Bylaws shall be considered at the annual meeting of the House of Delegates. Any five (5) or more medical student members or affiliate members of the Association may propose amendments to this Constitution and Bylaws by submitting such proposals in writing to the ED at the National Office. These proposals must be postmarked or delivered in person no later than sixty (60) days prior to the opening session of the House of Delegates at the annual meeting at which they are to be considered. If this date falls on a Sunday or legal holiday in any given year, then the deadline is extended to the next regular business day. Written notice of such proposed amendments shall be sent to all chapters by thirty (30) days prior to the Annual Meeting at which they are to be considered. An affirmative vote of at least two-thirds (2/3) of the delegates present and voting shall be necessary for the adoption of any such proposed amendments.

In addition, any delegate may propose amendments to these Constitution and Bylaws on the floor of the House of Delegates without prior notice, except that in such cases, an affirmative vote of at least two-thirds (2/3) of the delegates present and voting shall be necessary for the adoption of any such proposed amendments.

For all resolutions seeking to amend these Constitution and Bylaws, the actual vote counts shall be tabulated and maintained as part of the official record of that session of the House of Delegates. (2003)

ARTICLE XIX.     CLOSURE OF MEDICAL SCHOOLS & OTHER EMERGENT SITUATIONS

Section 1—Establishment of an Emergency Committee

In the event of a medical school closure, a committee consisting of a representative from the affected school, the Regional Director from the region of the affected medical school, an Action Committee Chair, the National President, the Director of Student Programming, the Legislative Affairs Director and the Vice President for Programming will be created. (2007)

Section 2—Responsibilities of the Emergency Committee

The purpose of this committee shall be to give support and guidance to the students of an affected medical school as deemed appropriate by the members of the committee. This committee shall, by consensus, compose a report to the membership of AMSA that will be published with the reports of other AMSA subcommittees in the appropriate annual House of Delegates program. (2000)
ARTICLE XX.  IFMSA (2008)

Section 1—AMSA as the National Member Organization (2008)

AMSA as the National Member Organization representing the USA within the International Federation of Medical Students’ Associations:

1. AMSA shall be the official National Member Organization (NMO) representing medical students at USA medical schools to the International Federation of Medical Students’ Associations (IFMSA).

2. AMSA’s official title within the IFMSA shall be AMSA-IFMSA.

Obligations of AMSA to IFMSA:

1. AMSA shall send a minimum of seven (7) delegates to the IFMSA’s biannual General Assemblies (GA) in March and in August: one (1) delegate filling the role of NMO president, six (6) delegates filling the roles of the chairs of the six (6) IFMSA Standing Committees (Standing Committees on: Professional Exchange, Research Exchange, Public Health, Medical Education, Reproductive Health including AIDS, and Human Rights and Peace).

2. AMSA shall make a good faith effort to pay the registration fees and travel expenses of its delegates to the GAs.

3. AMSA shall submit the biannual National Member Organization report in a timely fashion, and pay its yearly dues to the IFMSA to maintain its NMO status and plenary session voting rights as delineated by the IFMSA Constitution and Bylaws.

4. In times of budget restrictions that might otherwise threaten AMSA’s ability to pay yearly dues and/or the cost of sending delegates to the GAs, exchange fees and other revenue generated by IFMSA-specific AMSA programs shall be firstly applied to paying the IFMSA dues, then secondly to paying the cost of sending delegates to the IFMSA GAs, before being applied to other areas of the AMSA budget.

Section 2—AMSA and IFMSA-USA Merger (2008)

The American Medical Student Association (AMSA) and the International Federation of Medical Students’ Associations–USA (IFMSA-USA) shall merge under the organization of AMSA. (2008)

AMSA membership shall be conferred on all IFMSA-USA members at the start of the AMSA Annual Convention in March 2008, without requiring any additional membership dues. (2008)

In situations where conflicts between the leadership of AMSA and IFMSA-USA local chapters make a merger of those local chapters difficult or impractical, the AMSA national leadership shall refrain from attempting to impose integration. (2008)

Where AMSA and IFMSA-USA local chapters cannot reach a consensus for a unified leadership structure, it shall be permissible to allow the two groups to operate independently with the understanding that all their members enjoy the same benefits as AMSA members, and that the national AMSA leadership encourages unification at the earliest possible point. These situations shall be followed closely by the appropriate AMSA Regional Director and the IFMSA-USA Vice-President for Membership Development. (2008)

Section 3—Defining the Transitional Year for the AMSA/IFMSA-USA Merger (2008)

The transitional year for the merger of AMSA and IFMSA-USA shall last from the final meeting of the AMSA House of Delegates in March of 2008, until the final meeting of the AMSA House of Delegates in March of 2009.

IFMSA-USA Leadership Within AMSA During the Transition Year:

Appointment and Tenure of IFMSA-USA Leaders Within AMSA:
1. All current IFMSA-USA officers shall be adopted into the leadership of AMSA by appointment, with tenure until the AMSA leadership elections of March 2009 to help assure a smooth integration of IFMSA-USA local chapters, members, and projects. To that end, they shall be encouraged to attend all AMSA national leadership meetings throughout the transitional year.

2. With the national AMSA leadership elections of March 2009, the positions of National Exchange Officer (NEO), National Officer for Research Exchange (NORE), Developmental Exchange Officer (DEO), and AMSA-IFMSA Chair (vis-à-vis the election of the GHAC Chair) shall be elected in a matter consistent with existing AMSA leadership elections.

3. Positions not listed above being filled by IFMSA-USA officers will be dissolved upon the completion of the national AMSA leadership elections of March 2009, and not refilled by election.

4. The President of IFMSA-USA shall serve as the AMSA-IFMSA co-Chair in conjunction with AMSA’s Global Health Action Committee Chair throughout the transitional year.

5. The AMSA-IFMSA co-Chairs, drawing on their knowledge of their respective organizations, shall work with the AMSA National President and Board of Trustees to:
   a. Integrate IFMSA-USA’s leaders and projects into AMSA
   b. Integrate AMSA’s projects and leaders into IFMSA

6. The two (2) IFMSA-USA NEOs serving at the start of the AMSA National Convention in March of 2008 shall continue as the two (2) NEOs within AMSA throughout the transitional year.

7. The two (2) IFMSA-USA NOREs serving at the start of the AMSA National Convention in March of 2008 shall continue as the two (2) NOREs within AMSA throughout the transitional year.

8. The one (1) IFMSA-USA Book Aid Project Coordinator serving at the start of the AMSA National Convention in March of 2008 shall continue as the Book Aid Project Coordinator and the chair of the Standing Committee on Medical Education (SCOME)—known as the National Officer for Medical Education (NOME)—within AMSA throughout the transitional year.

9. The one (1) IFMSA-USA Equip Project Coordinator serving at the start of the AMSA National Convention in March of 2008 shall continue as the Equip Project Coordinator and the chair of the Standing Committee on Public Health—known as the National Public Health Officer (NPO)—within AMSA throughout the transition year.

10. The one (1) IFMSA-USA Secretary General serving at the start of the AMSA National Convention in March of 2008 shall serve as the DEO, within AMSA throughout the transitional year.

11. The two (2) IFMSA-USA Vice-Presidents for Membership Development serving at the start of the AMSA National Convention in March of 2008 shall serve to facilitate local IFMSA-USA chapter integration into AMSA throughout the transitional year in conjunction with the appropriate AMSA regional trustees.

12. The one (1) Vice President for Membership Support serving at the start of the AMSA National Convention in March of 2008 shall facilitate IFMSA-USA member-at-large integration into AMSA throughout the transitional year.

13. The one (1) IFMSA-USA Vice President for Finance serving at the start of the AMSA National Convention in March of 2008 shall serve to facilitate the merger of IFMSA-USA financial accounts into AMSA throughout the transitional year in conjunction with the AMSA Executive Director and Board of Trustees.

IFMSA-USA Projects:

1. AMSA affirms that it will continue to support all current IFMSA-USA projects throughout the transitional year and beyond, and will expand upon those projects as it is able.

The Book Aid Project:

Definition of Book Aid: Book Aid is a medical text book donation program recognized by the International Federation of Medical Students’ Associations (IFMSA), designed to help US medical students give used textbooks to medical student
colleagues in resource-poor countries, where such texts are much more difficult to come by. Book Aid falls under the organization of the Standing Committee on Medical Education (SCOME) within the IFMSA standing committee framework.

**Book Aid Project Leadership:** The Book Aid project leadership shall consist of:

1. One (1) Book Aid Project National Coordinator
2. Local Chapter Coordinator, at least one (1) for each participating chapter.

**Election/appointment of Book Aid Project Leadership:**

1. Following the transitional year, The Book Aid Project National Coordinator shall be filled by a process to be determined by the March 2009 national AMSA Convention.
2. Local chapter coordinators, following their designation within their local chapter by an appropriate local process, shall identify themselves to the Book Aid Project National Coordinator to certifying their responsibilities at the local level.

**The responsibilities of the Book Aid Project Leadership:**

1. The Book Aid Project National Coordinator shall:
   a. Coordinate medical textbook donation drives in participating local chapters across the country.
   b. Provide concrete information to the participating medical schools on how the collected books can be distributed using the project’s partnerships.
   c. Be available to local coordinators and respond to requests within the AMSA allotted time-frame (72 hours).
   d. Submit a report as required by IFMSA to the international SCOME chair.
   e. Attend, as able, IFMSA General Assemblies and give a presentation pertinent to Book Aid before a SCOME meeting.
   f. Provide the AMSA webmaster with pertinent updates and announcements for the AMSA website dealing with the Book Aid Project.
   g. Report as needed to other AMSA leaders regarding the status of the Book Aid Project.
   h. Attend all required national AMSA leadership meetings.
   i. Maintain up-to-date contact information for the local chapter coordinators.
   j. Work to increase participation in the Book Aid Project to as many AMSA chapters as possible

2. The Local Chapter Coordinators shall:
   a. Be responsible for the local logistics of the Book Aid project at their institutions.
   b. Assess institutional involvement in similar projects that may overlap.
   c. Provide the Book Aid Project National Coordinator with up-to-date contact information, especially at periods of leadership transition to ensure continuity of the local program.

**Book Aid Project Partnerships:**

1. The official professional partner organization of the Book Aid Project shall be Better World Books ([www.betterworldbooks.com](http://www.betterworldbooks.com)).
2. The Book Aid Project National Coordinator shall be the official liaison to Better World Books in orchestrating the shipment of books donated by local chapter programs.
3. Local book donation drives shall be organized by the Book Aid Project National Coordinator in concert with local chapter coordinators to allow maximum book donation shipments via Better World Books at least twice yearly (i.e. October and in March).
4. Local chapters with already existing book donation programs (e.g. International Health Programs, whereby students could deliver books to resource-poor countries in person) shall be allowed to follow different protocol than outlined above.

The Equip Project:

Definition of Equip: Equip is an IFMSA recognized national recognized by the International Federation of Medical Students’ Associations (IFMSA) effort to engage US medical students in medical supply collection and donation programs. The objectives are to raise awareness of medical surplus, establish equipment recovery programs within US hospitals, and distribute equipment to clinical facilities in resource-poor countries. Equip falls under the organization of the Standing Committee on Public Health (SCOPH) within the IFMSA standing committee framework.

Equip Project Leadership:

The Equip project leadership shall consist of:
1. One (1) Equip Project National Coordinator
2. Local Chapter Coordinator, at least one (1) for each participating chapter.

Election/appointment of Equip Project Leadership:

1. Following the transitional year, The Equip Project National Coordinator shall be filled by a process to be determined by the March 2009 national AMSA Convention.
2. Local chapter coordinators, following their designation within their local chapter by an appropriate local process, shall identify themselves to the National Equip Project Coordinator to certify their responsibilities at the local level. The responsibilities of the Equip Project Leadership:

1. The Equip Project National Coordinator shall:
   a. Promote awareness of medical surplus among US medical students, emphasizing opportunities for involvement through local hospital equipment recovery programs and transport of supplies abroad.
   b. Provide concrete information to the participating medical schools on how to start an equipment recovery program.
   c. Be available to local coordinators and respond to requests within the AMSA allotted time-frame (72 hours).
   d. Submit reports as required by IFMSA to the international SCOPH chair.
   e. Attend, as able, IFMSA General Assemblies and give a presentation pertinent to Equip before a SCOPH meeting.
   f. Provide the AMSA webmaster with pertinent updates and announcements for the AMSA website dealing with the Equip Project.
   g. Report as needed to other AMSA leaders regarding the status of the Equip Project.
   h. Attend all required national AMSA leadership meetings.
   i. Maintain up-to-date contact information for the local chapter coordinators.
   j. Work to increase participation in the Equip Project to as many AMSA chapters as possible.

2. The Local Chapter Coordinators shall:
   a. Be responsible for the local logistics of Equip at their institutions, including promoting awareness of medical surplus, developing equipment recovery programs, and training students on transporting supplies.
   b. Assess institutional involvement in similar projects that may overlap.
   c. Provide the Equip Project National Coordinator with continually up-to-date contact information, especially at periods of leadership transition to ensure continuity of the local program.
Equip Project Partnerships:

1. The official professional partner organization of the Equip Project shall be REMEDY (Recovered Medical Equipment for the Developing World) – www.remedyine.org.

2. The Equip Project National Coordinator shall be the official AMSA liaison to REMEDY in orchestrating the development of new equipment recovery programs and related initiatives by local chapters.

3. In the case where local chapters have hospitals with existing recovery programs, the Equip Project National Coordinator shall remain informed of program progress and share expertise from these local chapters with REMEDY and local chapters with newly formed Equip programs.

4. The Equip Project National Coordinator shall relay information prioritized by REMEDY that is relevant to medical students through appropriate communication channels.

Section 4—AMSA-IFMSA Leadership (2008)

A. National Member Organization (NMO) President:

1. The AMSA National President shall serve as the NMO president.

2. As the NMO president, the AMSA president shall fulfill the following responsibilities or delegate their completion to the AMSA-IFMSA Chair:
   a. Attend both the IFMSA General Assemblies (GAs) each year.
   b. Actively participate in the Presidents’ Sessions and plenary sessions at GAs.
   c. Complete the biannual NMO report and ensure NMO dues are paid.
   d. Be an active participant on the IFMSA-NMO listserves.
   e. Be subscribed to the individual Standing Committee listserves.

B. AMSA-IFMSA Chair:

1. The Global Health Action Committee (GHAC) Chair shall serve as the AMSA-IFMSA Chair.

2. As the AMSA-IFMSA Chair, the GHAC chair shall:
   a. Fulfill any of the duties of the NMO president delegated to him/her by the AMSA National President.
   b. Be responsible for alerting transnational projects with regards to reporting deadlines and opportunities to present their work at the IFMSA GAs.
   c. Maintain a thorough knowledge of the workings of all the IFMSA Standing Committees within AMSA.

C. Standing Committee Representatives:

1. AMSA’s Executive Committee of the Action Committees shall appoint representatives to each of IFMSA’s six (6) Standing Committees (Standing Committees on: Professional Exchange, Research Exchange, Public Health, Medical Education, Reproductive Health including AIDS, and Human Rights and Peace) with appointment based on the AMSA leader’s scope of work and ability to fulfill the below described duties:

2. Standing Committee Representatives shall:
   a. Be active on their corresponding listserves.
   b. Serve as the IFMSA liaison for his/her respective Standing Committee within AMSA, and be well informed about the workings of other AMSA projects within his/her respective Standing Committee.
   c. Attend both GAs each year, or verify that a surrogate is sent on his/her behalf if he/she is unable.

D. IFMSA Transnational Projects:

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Definition of an IFMSA Transnational Project:

1. The IFMSA defines transnational projects as projects that involve more than one organization out of which at least one is an NMO.

AMSA’s Current Transnational Projects:

1. AMSA shall support the following transnational projects by providing promotion for and URL links to these projects on the AMSA Web site as well as keeping the transnational projects leaders informed about reporting deadlines and opportunities to present their work at the IFMSA GAs. In addition, AMSA shall allow transnational projects to utilize AMSA’s non-profit umbrella, as needed and in a manner which corresponds to USA tax laws.
   a. Ghana Health and Education Initiative (partner: local non-governmental organization [NGO])
   b. Kenya Village Project (partner: local NGO)
   c. Malaika Project (partner: TAMSATanzania)
   d. Native Health Initiative (partners: IFMSA-Norway, North Carolina Commission on Indian Affairs, and Gesundheit! Institute)
   e. Peace Test (partners: FimSIC-Finland, AMSP-Armenia, SloMSIC-Slovenia, and IFMSA-Poland)
   f. Uganda Village Project (partner: local NGO)
   g. Unite for Sight (partners: GHEI, UVP, and Malaika Project).

2. AMSA national leadership shall not be held responsible for maintaining these organizations, beyond the support functions outlined above.

AMSA’s Future Transnational Projects:

AMSA shall support the proposals of potential transnational projects to the IFMSA that are consistent with AMSA’s strategic priorities.

International Guidelines for the IFMSA Transnational Projects:

1. All AMSA transnational IFMSA project leaders shall submit biannual reports to the General Secretariat of the IFMSA and the IFMSA Projects Support Division Director by the following deadlines: May 1st and December 1st.

2. Transnational Project Reports shall include:
   a. An activity report of the past half-year.
   b. An evaluation (e.g. a comparison with the plan of action and/or summary of student reports).
   c. An update on the present political and security situation in the country of the project.
   d. An updated general plan of action.
   e. A detailed plan of action for the coming half-year.
   f. An updated general budget.
   g. A detailed budget for the coming half-year.
   h. Reports from partner organizations, if any.

3. The IFMSA endorsement shall automatically be removed from transnational projects if the project’s leaders fail to deliver the aforementioned biannual reports within one (1) month after the deadlines.

**Section 5—International Exchange Standing Committee (2008)**

A. The Standing Committees on Professional Exchange (SCOPE) and Research Exchange (SCORE):

1. AMSA shall participate in IFMSA clinical exchanges by instituting the Standing Committee on Professional Exchange (SCOPE).

2. AMSA shall participate in IFMSA research exchanges by instituting the Standing Committee on Research Exchange (SCORE)
B. SCOPE and SCORE Leadership:

The Exchange Standing Committees shall consist of:

1. Standing Committee National Officers:
   a. Two (2) National Officers of Exchange (NEOs) leading SCOPE
   b. Two (2) National Officers of Research Exchange (NOREs) leading SCORE
   c. One (1) Development Exchange Officer (DEO) serving both SCOPE and SCORE

2. Local Chapter Officers:
   a. Local Exchange Officers (LEOs), coordinating SCOPE efforts at the local chapter level
   b. Local Officers of Research Exchange (LOREs) coordinating SCORE efforts at the local chapter level.
   c. The number of local chapter leaders needed at each chapter may be determined locally depending on the number of exchanges and work required to maintain them.

3. An unlimited number of medical student at-large members who participate in exchanges and who work to develop and maintain exchange chapters at their local institutions.

Election/appointment of SCOPE and SCORE Leadership:

1. The five (5) National Officers shall be elected at each AMSA Annual Meeting for one (1) year terms. National Officers shall not have term limits to encourage continuity within SCOPE and SCORE at the national level.

2. Local chapter officers, following their designation within their local chapter by an appropriate local process, shall complete a registration process with the DEO to serve one (1) year terms, certifying their responsibilities at the local level. Local chapter officers shall not have term limits imposed by national AMSA leadership to encourage continuity within SCOPE and SCORE at the local level.
INTERNAL AFFAIRS
INTERNAL AFFAIRS
OF THE
AMERICAN MEDICAL STUDENT ASSOCIATION

Section I. Action Committees and Issue Response Groups of the Association

A. Action Committees

1. **Action Committee Formation**: Action Committees represent the long-term, broad, ongoing organizational priorities of the Association, as defined in the Constitution and Bylaws. Action Committees may be created through a constitutional amendment submitted to the House of Delegates by five (5) or more medical student members of the Association. Creation of a new Action Committee must be accompanied by a Statement of Goals, Means and Purpose, as well as a justification to the House of Delegates of the institutional need for and fiscal impact of a new Action Committee. The constitutional amendment must receive an affirmative vote of at least two-thirds (2/3) of the delegates present and voting. Membership is open to all members of the Association.

2. **Action Committee Maintenance**: It is the responsibility of the Vice President for Programming and DSP to maintain quality assurance of the Action Committees. As such, the DSP and Vice President for Programming shall review the performance of each Action Committee at each meeting, and shall make recommendations and actions needed to maintain the viability of each Action Committee. (2002)

3. Action Committees of the Association: The Action Committees of the Association shall be—the Committee on Community and Environmental Health; the Culture of Medicine Committee; the Committee on Gender and Sexuality; the Committee on Global Health; the Committee on Race, Ethnicity and Culture in Health; the Committee on Student Life; the Medical Education Action Committee; the Grassroots Organizing Team; the Humanistic Medicine Action Committee; the Policy Team, and the Premedical Team. (2009)

B. Issue Response Groups

1. **Issue Response Group Formation**: Issue Response Groups represent the short-term priorities of medical student members of the Association. Issue Response Groups are created through majority passage of a Resolution of Internal Affairs submitted to the House of Delegates accompanied by a “Statement of Purpose, Goals and Means.” Membership is open to all members of the Association. An Issue Response Group may also be created during the year with unanimous agreement of the Executive Board of the Action Committees, with such funding as is necessary coming from a discretionary pool maintained by the Board. The resolution which creates the Issue Response Group must specify the positions needed for operation of the Issue Response Group, a timeline for any activities or projects to come to completion and a detailed budget with resources thought to be necessary for the efficient operation of the Issue Response Group.

2. **Issue Response Group Maintenance**: Issue Response Groups will be authorized for a one-year period, during which time they are expected to accomplish their stated goals through those means outlined in their enabling statement of Purpose, Goals and Means. Issue Response Group maintenance is the responsibility of the Executive Board of the Action Committees, and their reports shall be processed and monitored as stated above for Action Committees. Additionally, the Director of Student Programming shall act as the Chair of all Issue Response Groups created for the current year, and shall be responsible for selecting those Issue Response Group Coordinators who shall attend meetings, as well as assisting the Executive Board of the Action Committees in the budgeting for the Issue Response Groups.
3. **Issue Response Group Reauthorization:** To instill within the Issue Response Groups the energy, enthusiasm, and commitment of the membership-at-large, and to avoid possible stagnation effects of institutionalization, those seeking reauthorization after one year must submit a new statement of Purpose, Goals and Means to the House of Delegates.

   a. Legislation to reauthorize an Issue Response Group should address the manner in which the group’s responsibilities have been met. It must outline what aspects of the Issue Response Group mandate another year, and are sufficiently important to require extension beyond the initial year. The resolution must also address whether the initiatives of the Issue Response Group cannot be better represented within the framework of an Action Committee. Lastly, the Executive Board of the Action Committees must concur in their report that the Issue Response Group should be reauthorized. All of these criteria must be met in order to justify to the House of Delegates an extension of one year.

C. **Statement of Purpose, Goals and Means (PGM)**

1. **Definition of PGMs:** A Statement of “Purpose, Goals and Means” will define the Issue Response Group’s mission. It will include at a minimum, but is not limited to:
   
   a. A clearly stated “Purpose,” using newly legislated or currently existing Principles to define specific health-related, medical, social, educational, etc. issue(s) that the Issue Response Group plans to address. In essence, the Purpose will define the Issue Response Group’s mandate.
   
   b. A “Goal” stating anticipated objectives. Goal, as used here, refers to projected accomplishments.
   
   c. An explanation of the “Means” and methods by which the above-mentioned goal is expected to be realized.
   
   d. Documentation demonstrating that issues which the Issue Response Group addresses are met best under the aegis of an Issue Response Group, and showing that other means, including existing Issue Response Groups, Action Committees, AMSA Foundation projects and other structures have been reasonably examined and determined to be unsuitable.
   
   e. A schedule of deliverables, listing timelines and activities to be completed by such time, to measure the progress of the Issue Response Group.

2. **Uses of PGMs:** A statement of “Purpose, Goals and Means” shall be required for:
   
   
   b. Reauthorization of Interest Response Groups.

D. **Functions of Action Committees**

1. **Required Functions:** Action Committees shall function to provide opportunities for becoming involved in the Association in areas of general concern to AMSA. They shall be obligated to fulfill the minimal responsibilities listed below:
   
   a. promotion of the projects and activities of the Action Committee through maintenance and update of the Action Committee’s website, and articles for AMSA Focus; (2004)
   
   b. provision of educational programming at the Annual Meeting;
   
   c. promotion and review of AMSA’s Policies as specified in the PPP, specifically as they relate to the Action Committee’s area(s) of interest;
d. promotion of AMSA Foundation projects relating to the Action Committee’s area(s) of interest through newsletters, programming and/or The New Physician;

e. submission of year-end reports by Action Committee Chairs for inclusion in the Delegates’ Handbook;

f. attendance of the Chairs at two (2) general meetings of the Action Committees, in conjunction with meetings of the Board of Trustees, as well as two (2) meetings of the Executive Board of the Action Committees and the Chapter Officers Conference; (2004)

g. attendance of Project Coordinators at two (2) general meetings of the Action Committees and Issue Response Groups, in conjunction with meetings of the Board of Trustees and National Convention; (2004)

h. provision of a forum for networking at organizational meetings at Annual Meetings and regional conferences;

i. development of and funding for projects that reflect the mandate of the Action Committee.

2. Optional Functions: In addition, Action Committees may have other functions. In evaluating them, optional consideration may be given, but is not limited to:

a. provision of a forum for open discussion of AMSA’s Principles related to the Action Committee’s interest, with a focus on revising obsolete ones and contributing to the development of new ones for consideration in the House of Delegates;

b. provision of a vehicle for social support and opportunities to identify other medical students having common interests;

c. provision of opportunities to edit or contribute written articles to the newsletter of The New Physician;

d. familiarizing members with other organizations related to the Action Committee’s interest;

3. Advocacy Board: A special function of the Action Committees shall be to coordinate an Advocacy Board. This Board, made up of one Action Committee Chair, an Action Committee Coordinator relevant to the subject matter, the Director of Student Programming, the National President and one representative from the Board of Trustees, shall function in the evaluation of and extension of resources available for student advocacy within the Association. They shall also investigate legitimate complaints by students to the Association, and provide whatever means possible for redress.

4. Newsletters and Publications: Each Action Committee shall have the opportunity to publish newsletters as they see fit throughout the year. The number and timing of such newsletters shall be determined by the budgetary resources available. In addition, space will be set aside in The New Physician for articles of interest to the general membership. Where applicable, confidentiality shall be maintained for the mailing lists of Committee newsletters.

E. Functions of Issue Response Groups

1. Required Functions: The functions of each Issue Response Group shall be specifically stated in their statement of Purposes, Goals and Means. Certain basic functions shall be required of each Issue Response Group:

a. supervision by the Director of Student Programming, who shall serve as the Chair of all Issue Response Groups;

b. submission of a year-end report to the House of Delegates detailing the progress made in fulfilling the PGM statement;

c. submission of resolutions appropriate to the work completed by the Issue Response Group during the year;
d. attendance at those meetings the Director of Student Programming deems necessary for the completion of the goals of the Issue Response Group.

2. Optional Functions: These functions shall be designated by the resolution creating the Issue Response Group, in conjunction with the support of the Director of Student Programming.

F. Action Committee/Issue Response Group Liaison Position

1. Description of Action Committee/Issue Response Group Liaison Position
   a. The Action Committee/Issue Response Group Liaison must be a current member of AMSA and, preferably, an active member of a Action Committee/Issue Response Group of AMSA.
   b. The Action Committee/Issue Response Group Liaisons will be appointed by each local medical and premedical chapter. The Vice President for Programming and the Director of Student Programming will be responsible for recruiting these individuals from chapters, which do not appoint liaisons.
   c. The Director of Student Programming will coordinate the Action Committee/Issue Response Group Liaison mailings, including collating the information, soliciting reports, and making mailings as necessary from the National office.
   d. A meeting of all Action Committee/Issue Response Group Liaisons will be held at the Annual Meeting of the Association and will be attended by the Executive Board of the Action Committees. The Vice President for Programming and the Director of Student Programming will direct this meeting and facilitate interaction between the Issue Response Group and Action Committee leaders and the chapter Action Committee/Issue Response Group Liaisons.

2. Action Committee/Issue Response Group Liaison Timeline

The Director of Student Programming shall construct a timeline for communication with and selection of Action Committee/Issue Response Group Liaisons, and shall submit this timeline to the Steering Committee at their initial meeting for approval.

Section II. Action Committee Chairs

A. Selection of Chairs. One (1) Chair for each Action Committee shall be selected at the Annual Meeting as specified in the Constitution and Bylaws, Article VIII, Section 10.

B. Responsibilities of the Chair. The Chair of each Action Committee shall function as an administrator and information source for each Action Committee. Their responsibilities include, but are not limited to the following:

1. Representing the interests of their individual Action Committees to the Board of Trustees (BOT); (2003)
2. Attendance at two (2) general meetings of the Action Committees, as well as two (2) meetings of the Executive Board of the Action Committees. Of the latter two (2) meetings, one must be a meeting in conjunction with the BOT; (2009)
3. Solicitation and editing of materials for newsletters and The New Physician;
4. Reporting to the BOT via a brief oral report by the Vice-President for Programming at each general meeting the status of all Action Committee Projects; (2009)
5. Submission of a final report to the House of Delegates, detailing the accomplishments of the Action Committee throughout the year;
6. Communication with Action Committee Coordinators in a timely fashion;
7. Coordinating all activities of the Action Committee for the Annual Meeting, including speakers and programming time;
8. Sitting on committees of the BOT, as deemed appropriate by the BOT. (1998)
9. Attendance at the Chapter Officers Conference and coordination of all activities and programs related to their Action Committee at the Chapter Officers Conference. (2004)

Section III. Administration, Projects and Interest Groups of the Action Committees

A. **Action Committee Administration.** Each Action Committee shall be administered by a board consisting of the Action Committee Chair and its designated Committee Coordinators. This board will oversee projects and activities pertaining to the Action Committee, as mandated by a consensus of the board. (2009)

B. **Selection of Committee Coordinators and Projects.**

1. Applications for the Action Committee Coordinator positions will be solicited as part of the Official Call, with the selection process occurring at the Annual Meeting. (2009)

2. The coordinator selection process will be consistent with the process outlined in Article VIII of the Constitution & Bylaws. (2004)

3. The focus area and responsibilities of each coordinator position will be determined by the board of each committee, will be reviewed and approved by the Action Committee Chair and Coordinators, and will be delineated and advertised prior to the Annual Meeting; (2004)

4. In the event that a coordinator cannot be found for a particular focus group, the Executive Board of the Action Committees will be responsible for appointing a coordinator and, until then, continuing any projects that the focus coordinator oversees. (2009)

C. **Responsibilities of Action Committee Coordinators.**

1. Communicate with the members active in the Action Committee; (2004)

2. Communicate with the Director of Student Programming, other Coordinators, Action Committee Chairs and National Officers in a timely fashion regarding AMSA projects, policy and related matters; (2004)

3. Promote Action Committee policies, themes, programs and projects to the AMSA membership; (2004)

4. Attend two (2) general meetings of the Action Committee leadership and National Convention; (2009)

5. Coordinate Action Committee activities at the Regional Conferences and the Annual Meeting; (2004)

6. Publish Action Committee resources and information via the Internet and in AMSA newsletters/publications. (2004)

7. In conjunction with the Action Committee Chair, submit a section of an annual report to the House of Delegates for consideration on a “For Information Only” basis. (2004)

8. Develop a plan and budget for their project within thirty (30) days of the Annual Meeting that will be approved and modified by the Action Committee Chair as deemed appropriate. (2004)

D. **Action Committee Coordinator Replacement (2006)**

1. In the event of a resignation by an Action Committee Coordinator, the Chair shall notify the members of the AC Executive Board of the vacancy in a timely manner. (2006)

2. With input from the Vice President for Programming and the remaining members of the Action Committee, the Chair shall determine, depending on the time at which the resignation occurred in the year, whether the Committee should replace the vacancy or leave it unfilled. (2006)

3. If replacing the coordinator, the Chair shall publicize the vacancy on the appropriate listserves and additionally have the option of personally contacting one or more possible candidates. The candidate application should include: (2009)
   a. The candidate’s interest and experience in the coordinator topic as well as the overall committee topic. (2006)
   b. The candidate’s experience in AMSA and commitment to AMSA’s values. (2006)
4. The Executive Board of the Action Committee shall review the Chair’s nominations and, using Instant Run-off Voting (IRV), elect a replacement. (2009)

5. The Chair, along with the Vice President for Programming, shall assist in orienting the new AC Coordinator with the duties and responsibilities of the position. (2006)

E. Interest Groups. Since there are many situations in AMSA where a small group of students requiring limited resources come to the Association, asking for help, the House of Delegates may create at its discretion Interest Groups through resolutions.

1. Each Interest Group shall be authorized by the House for a period of no more than two years. During the interim period between meetings of the House of Delegates, Interest Groups may be formed by a 2/3 vote of the Executive Board of the Action Committee. Any Interest Group formed in this manner must submit a resolution for authorization to the House of Delegates at the next Annual Meeting. Approval of this resolution is necessary to continue as an Interest Group. (1998)

2. Interest Groups shall be provided these resources:
   a. Access to AMSA Web resources (Web pages, list serves) as necessary for communication;
   b. Dissemination of information through AMSA publications
   c. One hour of organizational time at the Annual Meeting and may apply to find otherwise unfunded programming. (2008)

3. The Specialty Forum serves as the home for all relevant Specialty Interest Groups, which shall be subgroups of this Forum. Specialty Interest Groups shall have the same access to Web space and a listserv as other interest groups and may apply to find otherwise unfunded programming. (2008) The Director of Student Programming oversees the Specialty Forum, and each of the Specialty Interest Groups that make up the Forum shall have one coordinator. The Executive Board of the Action Committees shall be charged with the responsibility of determining whether an interest groups falls into the category of a Specialty Interest Group. Each Specialty Interest Groups must be reauthorized every two years in the same manner as other interest groups. (2002)

4. Lists of interest groups shall be advertised through AMSA publications to the membership. (2002)

5. All Interest Groups must have a designated coordinator. Specifically:
   a. Interest Group Coordinators will be elected by a majority during organizational time at the Annual Meeting. Each active or affiliate member of AMSA present at the meeting shall have one vote. If an Interest Group does not select a coordinator in this manner, the Director of Student Programming (DSP) will appoint one. If the DSP cannot find a member willing to serve as the Interest Group Coordinator, the Interest Group will be considered defunct. (2003)
   b. The duties of the Interest Group Coordinator include, but are not limited to, periodically updating the AMSA Web page, organizing group elections at the Annual Meeting, making any necessary announcements within the AMSA listserves and publications, and reporting to the DSP. (2008)
   c. Interest Group Coordinators shall report directly to the DSP through email monthly reports and written year-end summary. (2002)

6. The Executive Board of the Action Committees will evaluate the activity of each Interest Group quarterly. Upon submission of reauthorization of a particular Interest Group, this Board will issue recommendation to the House of Delegates based on their evaluation. (2002)

7. Interest Groups of the Association: the Interest Groups of the Association shall be Death & Dying, Child & Adolescent Health, Geriatrics, Neurology, Osteopathy, Primary Care, Surgery, Military Medicine, Naturopathic Medicine, Preventive Medicine, Mental Health and Business in Medicine. Interest groups are
reauthorized every two years, with Child & Adolescent Health, Osteopathic Medicine, Military Medicine, Naturopathic Medicine and Preventive Medicine up for reauthorization on odd years and Death & Dying, Geriatrics, Neurology, Primary Care, Surgery, Mental Health and Business in Medicine on even years. (2009)

8. Naturopathic students from CNME accredited schools, along with full AMSA members, be allowed to participate in organizing and coordinating a Naturopathic Medicine Interest Group. (2007)

F. Funding to Attend Leadership Meetings

1. The action committees reserve the right to invite non-elected or unfunded elected leaders to participate in AC leadership meetings. Non-invited individuals may not participate in such meetings. However no invitees should utilize personal funds to attend such a meeting. Instead AC finds or grants must be guaranteed in order to provide equitable access to opportunities. Creative funding options may be explored as well. Potential invitees will also be encouraged to participate in scheduled conference calls as deemed appropriate to AC chairs. (2008)

2. Meeting attendance cannot be required unless supported by appropriate budget allocations. (2008)

Section IV. Executive Board of the Action Committees

A. Purpose: The Action Committee Chairs, Vice President for Programming and Director of Student Programming shall form an Executive Board for the purpose of administration of Action Committees and Issue Response Groups. This Executive Board shall function in the budgeting of funds for the coming year, as well as strategic planning for future issues. The Executive Board shall also be responsible for oversight of the budgeting and resource allocation for the Action Committees and Issue Response Groups. Lastly, the Executive Board shall function in the planning and facilitation of general meetings of the Action Committees and Issue Response Groups.

B. Structure, Meetings and Responsibilities

1. The Executive Board of the Action Committees shall be composed of the Action Committee Chairs, the Vice President for Programming, and the Director of Student Programming. The President of the Association shall be an ex officio member of the Executive Board, empowered to break ties when necessary in voting.

2. The Executive Board shall meet in conjunction with all general meetings of the Action Committees and Issue Response Groups in order to monitor the function and effectiveness of the Action Committees and Issue Response Groups. (2008)

3. The Executive Board shall be responsible for these areas:

   a. Projects

       1. Allocation of funding and other resources to projects within each Action Committee.
       2. Monitoring of function of Action Committee projects.
       3. Coordination of a report of all project status for the Action Committees and Issue Response Groups and the Board of Trustees at every meeting.
       4. Assistance with the development of inter-Action Committee projects.
       5. Evaluation and selection of applicants to the Local Project Grant Program. The Executive Board will also be responsible for sending response letters to each applicant and communicating this information with the appropriate Regional and Premedical Trustees within two weeks of local project grant selection. (2004)
       6. Appoint adjunct leaders as needed to oversee smaller, short term, and/or urgent projects, especially those that do not require funding for such leaders to attend leadership meetings. These Affiliate Leaders have all the rights and privileges of other Action Committee leaders as required to carry out their respective projects, and are also subject to the same codes of conduct and professionalism expected of any leader representing
AMSA. These leaders could apply for funding from their committee or the Action Committee Grant Pool. (2008)

b. **Programming**

1. Coordinate overall Action Committee programming for the Annual Meeting.
2. Contact and coordinate programming by the Action Committees and Issue Response Groups at Regional Conferences.
3. Allocate funds for programming and activities at the Annual Meeting.

c. **Communications**

1. Establish and maintain an Action Committee/Issue Response Group network for use in quick dissemination of information.
2. Contact with each Action Committee Coordinator before meetings to identify urgent needs or complaints. (2004)
3. Overall coordination of submissions to *The New Physician*.
4. Oversight of the publication of individual Action Committee newsletters.
5. Facilitating creation of new Interest Groups and Issue Response Groups when necessary.

The Executive Board of the Action Committees shall bear the responsibility of assuring the Membership-at-Large that it is functioning responsibly, and shall strive to increase the benefits to the Membership-at-Large from Action Committee programs and to increase the information available to the Membership-at-Large as to the functioning of the Action Committees. This function will be accomplished by the preparation of a report by the Vice President for Programming, with assistance from the Director of Student Programming, within two weeks following each meeting or substantive action of the Executive Board of the Action Committees outlining the Action Committees’ plans, actions, and deliberations. This report shall be disseminated to the Membership-at-Large through electronic mail, on the AMSA web site, and/or through an official Association publication. (2003)

**Section V. Liaisons of the Association**

The Association maintains formal liaisons with several organizations to promote effective cooperation and to provide them with the medical student perspective.

A. **Purposes of the Relationship**

1. to promote broad consideration of issues in medical education, health care and health-care delivery;
2. to promote the consideration of policy of the Association as set forth in the Preamble, Purposes and Principles of the American Medical Student Association;
3. to gather information concerning the purposes and activities of these organizations; and
4. to facilitate the development of inter-organization programs and activities of mutual benefit.

B. **Administration of Liaisons**

1. AMSA Staff shall be responsible for coordinating, overseeing and administering the liaison program, with appropriate input from AMSA leaders and members. Specific responsibilities of the overseers shall include: (2009)
a. The joint coordination of a liaison training session. This training should include introduction to the structure of the liaison program, roles of the liaison position, and instruction on distribution of the annual liaison packets to partner organizations, content of reports and methods of reporting, and any additional training as necessary. (2009)
b. Maintaining the list and contact information of all partner organizations and assigned AMSA liaisons.
c. Receiving and organizing reports submitted by liaisons, and facilitating the publication of reports, when appropriate, to the AMSA Web site.
d. Distribute funds to liaisons, for the purposes described in section F (below).

2. Termination of liaison positions will be at the request of either organization with which the liaison is involved (1998). Liaisons who fail to fulfill their responsibilities may be removed at the discretion of the BOT. If a liaison to an organization with which communication is deemed vital to the Association is removed, a replacement liaison shall be assigned at the discretion of the DSP and National President. (2009)

C. Liaison Organizations

1. The Association recognizes the importance of maintaining a working relationship with the following organizations and resolves to maintain a current liaison position with each of these organizations:

AAFP—American Academy of Family Physicians
AAMC—Association of American Medical Colleges
AAP—American Academy of Pediatrics
ACAM—American College for Advancement in Medicine (2006)
ACGME—Accreditation Council of Graduate Medical Education
ACOG—American College of Obstetricians and Gynecologists
ACP—American College of Physicians
ACPM—American College of Preventive Medicine
ACS—American College of Surgeons
AMA—American Medical Association
AMWA—American Medical Women’s Association
AOA—American Osteopathic Association
APMSA—American Podiatric Medical Students’ Association (2008)
APA—American Psychiatric Association
APGO—Association of Professors of Gynecology & Obstetrics
APHA—American Public Health Association
ATPM—Association of Teachers of Preventive Medicine
CFMS—Canadian Federation of Medical Students
ECFMG—Education Commission for Foreign Medical Graduates
GLMA—Gay and Lesbian Medical Association
IAF—Industrial Areas Foundation (2009)
IFMSA—International Federation of Medical Students’ Association
LCME—Liaison Committee on Medical Education
NANA—National Alliance for Nutrition and Activity (2008)
NBME—National Board of Medical Examiners
NMA—National Medical Association
NRMP—National Residency Matching Program
NMSA—Naturopathic Medical Student Association (2008)
PCOC—Primary Care Organizations Consortium (2006)
PRCH—Physicians for Reproductive Choice and Health (2009)
PHR—Physician for Human Rights
PNHP—Physicians for a National Health Program
2. As the effectiveness of these relationships may change, and as new liaison relationships may be created, this list of organizations and liaison positions shall be reviewed annually and amended through resolutions to the House of Delegates. New liaison relationships may be proposed in the form of a resolution to the House of Delegates. The proposal must include a description of the organization’s operating purposes and a statement of the reasons for and goals of an AMSA liaison position, in addition to a synopsis of past or current collaboration with the organization. (2009)

3. Any outside organization may solicit AMSA for possible establishment of a liaison relationship with their organization. The process for establishing these liaison relationships will be the same as above. Until such time as the liaison position is approved and filled, communication with the organization will be maintained through the office of the DSP and the National President. (2009)

D. **Assignment of Liaisons**

1. Each liaison position will be assigned to a national leader by the BOT with input from the Executive Committee of the Action Committees, the executive office, and any AMSA staff involved in coordinating the liaison program. (2009)

2. The term of each liaison position shall thus be one (1) year; from the time of election or assignment following the national convention until the election or assignment of his or her successor the following year.

E. **Roles and Responsibilities of Liaisons**

An AMSA liaison, upon assignment as described (above), shall have the following qualifications, roles and responsibilities:

1. Be a current or former elected or hired national AMSA leader;

2. Be familiar with the history, mission, organization, and strategic priorities of AMSA, and be able to engage others in a discussion on any of these topics;

3. Attend a liaison training session, as described in section B, (above);

4. Make immediate contact with the assigned organization, consisting of at least the following:
   a. identify primary contact(s) in the partner organization;
   b. notify the organization of his or her position and role as AMSA liaison, including shipment of the introductory liaison packet;
   c. discuss and set mutual expectations and goals of the liaison relationship; and,
   d. if the organization has a liaison to AMSA, make contact with that person.

5. Provide AMSA the contact information of key contact persons in assigned partner organization(s); (2009)

6. Become familiar with the history, mission, organization and current goals of the partner organization(s);

7. Attend and participate in conferences, meetings, or other events of the organization, whenever possible; and

8. Submit written reports as outlined in liaison training and consisting of at least: (2007)
   a. name(s) and contact information for primary contact(s) in the organization;
   b. general purposes and current activities of the organization, for the purpose of informing the AMSA general membership; and
   c. decided mutual goals of the liaison relationship, and status of efforts to meet those goals.

Given the intent to inform the AMSA general membership, and in order to be sufficiently reviewed, these reports shall include at least: (2009)
F. Funding of Liaisons

1. Liaisons shall receive funding for travel, attendance and participation in professional meetings and functions of their assigned organization. These funds shall be distributed at the discretion of the Executive Director with approval from the BOT, based on the following criteria: (2009)
   a. attendance of a liaison training session and submission of required liaison reports as outlined in Section E, Roles and Responsibilities of Liaisons; (2009)
   b. timely submission of a request by the liaison, including the amount required for travel to and participation in the event, details of the event, and perceived benefits to the liaison and the Association;
   c. role of the liaison in the functioning of the partner organization and/or specific event.

2. As incentive, liaisons who have fulfilled their responsibilities, as described in Section E (above), shall be granted a waiver of their AMSA national convention registration fee. These waivers shall be granted with approval from the Vice President for Finance and at the discretion of the BOT. (2009)

3. Liaisons of the organizations listed in participating in the liaison program may be granted waivers of the AMSA national convention registration fee, if they wish to attend, at the discretion of the BOT. AMSA shall continue to seek from these organizations reciprocal waiving of fees for liaisons to attend each other’s national meetings. (2009)

Section VI. Structure of the Regions

The geographic breakdown of the regions is determined by the House of Delegates. The region serves as the focal point for articulating the concerns of medical students from a given geographic area of the country. The ten (10) regions of the Association are geographically distributed as follows:

Region I
- Boston University Brown
- University University of Connecticut Dartmouth
- University Harvard
- University of Massachusetts
- McGill University - Montreal, Quebec, Canada
- New England COM*
- Tufts University
- University of Vermont
- Yale University
- Memorial University of Newfoundland

Region II
- Albany Medical College
- Albert Einstein College of Medicine
- Columbia University
- Weill Medical College of Cornell University
- Mount Sinai SOM of SUNY
- UMDNJ New Jersey Medical School—Newark
- New York Medical School
- New York University
- University of Puerto Rico SOM
University of Rochester SOM and Dentistry
UMDNJ RWJ Medical School—Piscataway
UMDNJ Robert Wood Johnson—Camden
State University of New York—Buffalo
SUNY Downstate Medical Center COM—Brooklyn
SUNY Health Science Center—Stony Brook
SUNY Upstate Medical University—Syracuse
CUNY City College/Sophie Davis
Ponce SOM
Universidad Central Del Caribe SOM
New York COM of New York Institute of Tech*
UMDNJ SOM*
Touro University College of Osteopathic Medicine/New York*

Region III
George Washington University SOM & Health Center
Georgetown University SOM
Howard University COM
Jefferson Medical College of Thomas Jefferson University
Johns Hopkins University SOM
University of Maryland SOM
University of Pennsylvania SOM
Drexel University COM (MCP Hahnemann SOM)
University of Pittsburgh SOM
Pennsylvania State University COM
Temple University SOM
Uniformed Services University of the Health Sciences
Philadelphia COM*
Eastern Virginia Medical School
University of Virginia SOM
Virginia Commonwealth University SOM
Joan C. Edwards SOM at Marshall University
West Virginia University
West Virginia SOM*

Region IV
Case Western Reserve University SOM
University of Cincinnati COM
Northeastern Ohio Universities COM
Medical College of Ohio—Toledo
Ohio State University COM
Wright State University SOM
Ohio University COM*
University of Michigan Medical School
Michigan State University College of Human Medicine
Wayne State University SOM
Michigan State COM*

Region V
Wake Forest University School of Medicine (Bowman Gray SOM)
Duke University SOM
Brody SOM at East Carolina University SOM
Emory University SOM
University of Florida COM
Medical College of Georgia SOM
Mercer University SOM
University of Miami SOM
Morehouse School of Medicine
University of North Carolina—Chapel Hill SOM
Medical University of South Carolina—Charleston
University of South Carolina—Columbia
University of South Florida—Tampa
NOVA Southeastern University SOM*
Florida State University COM (2004)
University of Miami Miller School of Medicine at Boca Raton (2009)
Philadelphia College of Osteopathic Medicine—GA Campus* (2009)

Region VI
Rosalind Franklin University of Medicine & Science
University of Chicago, Pritzker SOM
University of Illinois—Urbana/Champaign
University of Illinois—Chicago
University of Illinois—Peoria
University of Illinois—Rockford
Indiana University SOM
Loyola University Chicago Stritch SOM
Northwestern University Medical School
Rush Medical College of Rush University
Southern Illinois University SOM
University of Wisconsin Medical School
Medical College of Wisconsin
Chicago COM* (Midwestern University)

Region VII
University of Alabama SOM
University of Arkansas SOM
Louisiana State University SOM—New Orleans
Louisiana State University SOM—Shreveport
Meharry Medical College SOM
University of Mississippi SOM
University of South Alabama COM
University of Tennessee—Memphis COM
Tulane University SOM
Vanderbilt University SOM
East Tennessee State University James H. Quillen COM
University of Kentucky SOM
University of Louisville SOM
Pikeville College—SOM*

Region VIII
Creighton University SOM
University of Iowa COM
University of Kansas—Kansas City
University of Kansas—Wichita
Mayo Medical School
University of Minnesota—Duluth
University of Minnesota—Minneapolis
University of Missouri—Columbia
University of Missouri—Kansas City
University of Nebraska COM
University of North Dakota SOM
University of South Dakota SOM
Saint Louis University SOM
Washington University SOM—St. Louis
Des Moines University Osteopathic Medical Center*
Kirksville COM*
Kansas City University of Medicine and Biosciences COM*
Region IX
Baylor College of Medicine
University of Oklahoma COM—OKC
University of Oklahoma COM—Tulsa
University of Texas Medical Branch—Galveston
University of Texas Medical School—Houston
University of Texas Medical School—San Antonio
University of Texas—Southwestern Medical School
Texas A&M University Health Science Center
Texas Tech University Health Sciences Center SOM
Oklahoma State University COM*
University of North Texas Health Science Center* (Texas COM)

Region X
University of Arizona COM
University of California SOM—Davis
University of California COM—Irvine
David Geffen SOM—UCLA
University of California SOM—San Diego
University of California SOM—San Francisco
University of Colorado SOM
University of Hawaii John A. Burns SOM
Loma Linda University SOM
University of Nevada SOM
University of New Mexico SOM
Oregon Health Sciences University SOM
Keck SOM The University of Southern California
Stanford University SOM
University of Washington SOM
University of Utah SOM
Western University of Health Sciences COM*
Touro University College of Osteopathic Medicine/Nevada*
Rocky Vista University College of Medicine (2009)
AT Still University School of Medicine—Arizona (2009)
University of Arizona College of Medicine—Phoenix (2009)
University of California—Riverside (2009)
*denotes Osteopathic School

Premedical Chapters

Region I
Harvard University (1996)
Radcliffe College (1996)
Boston University (1998)
Massachusetts Institute of Technology (2000)
University of New Hampshire (2001)
Trinity College—Connecticut (2001)
Tufts University (2001)
Northeastern University (2001)
College of The Holy Cross (2005)
Simmons College (2007)
Wesleyan University (2009)
Massachusetts College of Pharmacy (2009)

Region II
Princeton University
State University of New York—Binghamton
Brooklyn College (1993)
Columbia University (New York, NY) (1994)
Rutgers University—New Brunswick (1995)
University of Puerto Rico—Rio Piedras (1996)
Hunter College—CUNY (1996)
New York University (1997)
Rider University (1999)
University of Puerto Rico—Bayamon University College (2000)
Cornell University (2001)
State University of New York—Stony Brook (2001)
Rutgers—Newark (2001)
Rutgers—Camden (2002)
Ithaca College (2002)
Polytechnic University (2002)
College of New Jersey (2003)
New York Institute of Technology @ Manhattan (2005)
Universidad Del Sagrado Corazon (2005)
University of Puerto Rico @ Mayaguez (2005)
Wagner College (2005)
University of Delaware (2008)
San Juan Bautista School of Medicine—Puerto Rico (2008)
Syracuse University—Main Campus (2009)
University of Puerto Rico En Cayey (2009)
Inter-American University of Puerto Rico (2009)
State University of New York @ Cortland (2009)

Region III
University of Pittsburgh
George Washington University (1994)
University of Pennsylvania (1994)
Haverford College (1995)
Johns Hopkins University (1999)
University of Virginia (2000)
Eastern College (2000)
Indiana University of Pennsylvania (2001)
Temple University (2001)
American University (2002)
Bucknell University (2002)
Morgan State University (2004)
Virginia Polytechnic Institute and State University (2004)
Georgetown University (2005)
Marshall University (2005)
University of Richmond (2006)
Howard University (2006)
Montgomery College (2006)
West Virginia University (2007)
University of Maryland—College Park (2008)
University of the Sciences in Philadelphia (2008)
Drexel University (2008)
Jefferson College of Health Science (2008)
James Madison University (2009)

Region IV
University of Michigan
Case Western Reserve University (1993)
Miami University (Ohio) (1993)
Michigan State University (1995)
Ohio State University (1995)
Ohio University, College of Osteopathic Medicine (1996)
Cleveland State University (1997)
Western Michigan University (2000)
Wilmington College (2001)
Wayne State University (2001)
Albion College (2004)
University of Michigan @ Flint (2005)
Kent State University Main Campus (2005)
Baldwin-Wallace College (2006)
Youngstown State University (2006)
University of Cincinnati (2006)
Bowling Green State University (2006)
University of Michigan—Dearborn (2009)

Region V

Georgia Institute of Technology
University of Florida—Gainesville
University of Central Florida (Orlando) (1993)
Barry University (1994)
Florida International University (1995)
Nova Southeastern University (1995)
University of South Florida (1995)
University of Georgia (1999)
University of Miami (2000)
State University of West Georgia (2000)
Emory University (2000)
University of North Florida (2000)
Florida State University (2000)
Columbus State University (2001)
Berry College (2001)
University of North Carolina @ Chapel Hill (2002)
Georgia Southwestern State (2002)
Georgia State University (2002)
Kennesaw State University (2002)
East Carolina University (2002)
Rollins College (2003)
Gulf Coast Community College (2003)
Clayton College and State University (2004)
Echerd College (2004)
Florida Atlantic University (2004)
Florida Institute of Technology (2005)
University of North Carolina at Wilmington (2006)
Brenau University (2006)
Wake Forest University (2006)
Duke University (2007)
Daytona Beach Community College (2007)
Winthrop University (2008)
Queens University of Charlotte (2009)
University of West Florida (2009)
Elon University (2009)

Region VI

Northwestern University
University of Wisconsin—Milwaukee
Illinois Benedictine College (1995)
Marquette University (1997)
Tri-State University (1997)
University of Wisconsin—La Crosse (1999)
Loyola University of Chicago (1999)
Butler University (1999)
Indiana University/Purdue University @ Indianapolis (2000)
Southern Illinois University—Carbondale (2000)
University of Illinois @ Urbana/Champaign (2001)
Indiana University/Purdue University—Fort Wayne (2001)
Knox College (2002)
University of Notre Dame (2004)
University of Chicago (2007)
Augustana College (2007)
Earlham College (2008)
Lawrence University (2008)

Region VII
Vanderbilt University
Our Lady of Holy Cross College (2002)
University of Alabama—Birmingham (2003)
University of Arkansas—Fort Smith (2003)
Louisiana State University (2004)
Spring Hill College (2004)
University of Central Arkansas (2004)
University of Mississippi (2004)
Roane State Community College (2006)
University of Southern Mississippi (2006)
East Tennessee State University (2007)
Our Lady of the Lake College (2007)
Berea College (2008)
University of Memphis (2008)
University of Tennessee—Knoxville (2008)
University of Alabama (2009)

Region VIII
University of Missouri—Kansas City (1995)
University of Missouri—Columbia (1997)
Creighton University (1996)
University of Iowa (1998)
University of Minnesota (1998)
Truman State University (1999)
Carleton College (2000)
University of Nebraska—Lincoln (2001)
Fort Hays State University (2002)
North Dakota State University (2003)
University of South Dakota (2006)
Washburn University (2008)
William Jewell College (2008)
Washington University (2009)
University of Missouri—St. Louis (2009)

Region IX
Texas A&M University (1996)
University of Texas—Austin (1997)
Abilene Christian University (1999)
Texas Tech University (1999)
Oklahoma State University (2000)
Lamar University (2000)
Texas A&M University—Kingsville (2001)
University of Houston (2005)
Trinity University (2005)
Tarleton State University (2005)
Rogers State University (2006)
Baylor University (2006)
Rice University (2006)
University of Houston—Downtown (2007)
St. Edward’s University (2007)
Stephen F. Austin State University (2008)
Texas A&M International University (2008)
University of St. Thomas (2008)

Region X
University of California, Berkeley
University of California, Davis
University of California, Los Angeles (1995)
University of California, San Diego (1997)
University of Colorado at Denver (1995)
California State University—Fullerton
California State University—Sacramento (1995)
Sacramento City College (1996)
University of Puget Sound (1997)
California Polytechnic State University (1997)
San Diego State University (1998)
University of Southern California (1998)
California State University—Los Angeles (2000)
California State University—Northridge (2000)
University of California—Irvine (2001)
Arizona State University (2001)
University of California—Riverside (2001)
University of Washington—Seattle (2002)
University of Utah (2002)
American River College (2003)
Mills College (2003)
La Sierra University (2003)
California State University—San Bernadino (2004)
City College of San Francisco at Alemany (2004)
Claremont McKenna Colleges (2004)
Colorado State University (2004)
Monterey Peninsula College (2004)
University of Colorado at Boulder (2004)
University of New Mexico (2004)
University of Wyoming (2004)
Occidental College (2005)
University of Alaska @ Fairbanks (2005)
Arizona State University East (2005)
Arizona State University West (2005)
San Francisco State University (2005)
University of Colorado @ Colorado Springs (2005)
Stanford University (2005)
University of California at Santa Cruz (2006)
George Fox University (2006)
University of California at Merced (2006)
Chapman University (2006)
Cabrillo College (2006)
University of Judaism (2006)
San Joaquin Delta College (2006)
University of Arizona (2007)
University of Nevada—Reno (2007)
Saint Mary’s College of California (2007)
Mt. San Antonio College (2007)
Reedley College and the North Centers (2007)
California Lutheran University (2008)
California State University at Bakersfield (2008)
California State University at Fresno (2008)
Ohlone College (2008)
Southern Oregon University (2008)
Southwestern Community College (2008)
University of San Diego (2008)
San Jose State University (2008)
Portland State University (2009)
Butte College (2009)
Pepperdine University (2009)
Los Medanos College (2009)
University of California—Santa Barbara (2009)
University of Nevada—Las Vegas (2009)
Washington State University (2009)
Skyline College (2009)
Mission College (2009)
University of Alaska—Anchorage

International Regions

Americas’ Region

Ross University School of Medicine — Dominica (1993)
St. George’s University School of Medicine — Grenada (1993)
American University of the Caribbean—St. Maarten/Netherlands Antilles (1995)
Universidad Autonoma de Guadalajara, School of Medicine — Mexico (1997)
SABA University School of Medicine—Saba/Netherlands Antilles (1998)
Universidad Central del Este—Dominican Republic (1998)
University of the West Indies Faculty of Medical Sciences SOM—Trinidad and Tobago (1998)
Spartan Health Science University — St. Lucia (2000)
Universidad IberoAmericana SOM—Dominican Republic (2000)
St. Matthew’s University — Cayman Islands (2000)
Central America Health Sciences University/Belize Medical College—Belize (2000)
University of Health Sciences Antigua—Antigua (2000)
Universidad de Monterrey—Mexico (2000)
Medical University of the Americas — Nevis (2001)
International University of the Health Sciences—St. Kitts (2001)
Medical University of the Americas — Belize (2004)
Xavier University School of Medicine—Bonaire/Netherlands Antilles (2005)
American University of Antigua College of Medicine—Antigua (2005)
St. James School of Medicine—Bonaire/Netherlands Antilles (2005)
International American University — St. Lucia (2006)
St. Martinus Faculty of Medicine—Curacao/Netherlands Antilles (2006)
The University of Sint Eustatius School of Medicine—Sint Eustatius/Netherlands Antilles (2007)
All Saints University School of Medicine—Dominica (2007)
American International School of Medicine—Guyana (2001)
Windsor University School of Medicine—St. Kitts (2008)
Trinity University School of Medicine (2009)
American International Medical University (2009)

Asian/African/Mediterranean/European Region

Flinders University of South Australia — Australia (1998)
The University of Sydney FOM — Australia (2004)
National Defence Medical Center — Taiwan (2006)
Tel Aviv University Sackler Faculty of Medicine—Israel (1999)
Section VII. Structure of Local Chapters

The local chapter serves as the official representative body of constituent members to the national organization. All medical students enrolled in a LCME, AOA or ECFMG accredited allopathic or osteopathic medical school are eligible for “active” membership (Constitution and Bylaws—Article III, Section 1, Subsection A). The structure of the local chapter is determined by the local members; however, chapters are encouraged to formulate an organizational structure according to guidelines set forth by the House of Delegates.

A. Chapter Officers. Although the chapter structure varies according to local need, the House of Delegates requires that each chapter of the Association select a Chapter President, a Recruitment Coordinator and a Chapter Legislative Representative. Each chapter is recommended to designate Liaisons for each of the Action Committees and Interest Groups as well as National Primary Care Week Coordinator and coordinators of other national initiatives. The creation of other offices and positions is at the discretion of the local chapter. (2005)

B. Responsibilities of Chapter Officers. All duties and responsibilities for each of the chapter officers are determined by members of the local chapter. However, the House of Delegates, in order to maintain communication and facilitate activities of the Association, requires certain minimal functions to be accomplished by the local officers. The functions of the chapter officers are as follows:

1. provide ongoing feedback to the Regional Director and national officers on the concerns of chapter members relative to policy, programs and activities of the Association;
2. serve as the local point for communicating local chapter activities to the national office and Regional Director;
3. coordinate programs and activities at the chapter level;
4. coordinate the annual membership drive;
5. facilitate activity within the chapter and communicate through periodic chapter meetings to discuss and review issues of concern to medical students; and
6. be medical student members of the Association in good standing at the time of or within 30 days of their election and during their term of office. (1998)

C. Responsibilities of Chapter President. The primary functions of the Chapter President are as follows:

1. serve as primary contact for the national office in the receipt and distribution of pertinent information and materials relating to the organization and issues of concern to medical students: (2005)
2. coordinate local chapter activities and work with other local chapter officers to accomplish responsibilities delineated above; (2005)
3. attend the Chapter Officers Conference and the National Convention. (2005)
D. **Responsibilities of the Chapter Legislative Representative.** The Chapter Legislative Representative serves as the primary contact for the Legislative Affairs Director and other National Leaders who address legislative issues on the national, state and local levels. The functions of the Chapter Legislative Representative include, but are not limited to:

1. distribution of information relative to all aspects of legislation received from the national office to members of the Association and other medical students;
2. serve as the focal point for communicating all pertinent legislative proposals introduced at the local and state level to the national office; and,
3. facilitate activity by members of the Association at the chapter level relative to legislation proposed at the national, state and local level.

E. **Responsibilities of the Chapter Liaisons for Action Committees and Interest Groups**

1. subscribing to the appropriate Action Committee or Interest Group listserv to receive all updates concerning the activities of the Action Committees and Interest Groups;
2. serving as the focal point for information gathering and distribution to the local chapter of information concerning the national and local activities of the Action Committees and Interest Groups;
3. regularly perusing the information available on the AMSA Web site and distributing and promoting that information at the local level; and,
4. attend the Annual meeting, become familiar with the activities, projects and policies of the Action Committees and Interest Groups.

F. **Responsibilities of Chapter Recruitment Coordinator.** (2005)

1. serve as primary contact for national office for distribution of recruitment materials; (2005)
2. coordinate local chapter recruitment drive; (2005)
3. report to Regional Director regarding success of recruitment drive; (2005)
4. attend the Chapter Officers Conference in the event that the Chapter President is unable to attend. (2005)

G. **Responsibilities of National Primary Care Week Coordinator.** (2005)

1. serve as primary contact for national office regarding NPCW events; (2005)
2. coordinate local NPCW; provide ongoing feedback to national office regarding success of implementing NPCW. (2005)

H. **Chapter Officer Selection.** The House of Delegates encourages the election of all chapter officers in an open meeting of local members. The national office should be notified by the outgoing chapter liaison immediately upon the election of new chapter officers in order to expedite the flow of information to the official chapter representative.

**Section VIII. Annual Meeting**

The purpose of the Annual Meeting is to provide a forum for the consideration of issues pertinent to health care, medical care, medical education and health care delivery. Numerous educational programs, often participatory in nature, are offered. This is a major opportunity for the members of the Association to meet other medical and health science students from throughout the United States. From time to time, other student health professional groups and health-oriented groups schedule their conventions and/or annual meetings to coincide with AMSA’s Annual Meeting, which serves to enrich the discussions that take place. All AMSA members are encouraged to attend and participate in the Annual Meeting. In addition, the House of Delegates meets during the Annual Meeting to formulate the policy of the Association and elect the national officers.

A. **Annual Meeting Site and Date Selection.** After reviewing possible sites for the Annual Meeting, the Board of Trustees selects a date and location three years in advance. The need for such advance selection is due to the number of participants and the actual physical needs for holding such a large meeting. Every attempt is made to offer the membership geographic parity in site selection. Any member may submit suggestions to the Board of Trustees as to possible sites for the Annual Meeting.
The Annual Meeting is usually held in March and, whenever possible, is scheduled so as to avoid religious holidays. The Annual Meeting will be held at fully accessible locations, as defined by the Americans with Disabilities Act of 1990. (1997)

B. The Official Call. All chapter officers and chapter liaisons receive the “Official Call” one hundred and twenty days (120) days prior to the scheduled date of the Annual Meeting (Constitution and Bylaws—Article IX, Section 10). The purpose of the “Official Call” is to provide information on functional aspects of the meeting. Contents include: general convention information; the process for policy formulation; examples of resolution formats; information for potential candidates for national and regional office; the functions of the Delegate(s) and reference committees; the process for Delegate/Alternate Delegate certification and representation in the House of Delegates; and a calendar of events, including deadline dates for submission of amendments and resolutions.

In the event any chapter fails to receive the “Official Call” according to the above guidelines, that chapter shall be granted a minimum of thirty (30) days to meet any deadline set forth within the “Official Call.”

C. Financial Assistance to Members Attending the Annual Meeting. The Association attempts to assist with available resources the Delegate(s), Alternate Delegates and/or individual members in defraying costs to attend the Annual Meeting. The Association does make every effort to obtain reasonable housing rates and provide some meals. In addition, the Association will provide the option of food that does not contain meat at those meals provided. Information on possible sources of revenue is provided to the local chapters, through the “Official Call.” To avoid undue burdens on local chapters, the Association does incur the costs for Regional Directors and National Officers.

Section IX. Policy of the Association

The policy of the House of Delegates is contained in three separate documents, entitled The Constitution and Bylaws, The Preamble, Purposes and Principles, and The Structure, Functions and Internal Policy of the American Medical Student Association. These documents may be amended by resolutions submitted to the House of Delegates at the Annual Meeting.

A. The Constitution and Bylaws. The governing document of the Association is The Constitution and Bylaws. Amendments to The Constitution and Bylaws are submitted to the House of Delegates for consideration and action at the Annual Meeting.

B. Internal Affairs of the American Medical Student Association. This document contains guidelines and readily available explanations of how the Association operates. Like The Preamble, Purposes and Principles, the document is the official policy of the House of Delegates on matters related to the “internal” affairs of the Association. The guidelines set forth under the direction of the House of Delegates are implemented by the Board of Trustees. Amendments are submitted to the House of Delegates and are referred to as Resolutions of Internal Affairs.

C. The Preamble, Purposes and Principles. Adopted in 1976 by the House of Delegates, this document contains major “external” policy positions of the Association and should be referred to whenever members or staff represent AMSA in an official capacity. Amendments are submitted to the House of Delegates and are referred to as Resolutions of Principle.

Section X. Policy Formulation of the Association

The “Official Call” details the process by which members may make amendments to the Constitution and Bylaws and the two policy documents. Deadlines are maintained to allow adequate time for local chapters to review all resolutions, amendments and reports submitted to the House of Delegates for consideration. The Board of Trustees accepts only those resolutions of an emergency nature after the deadline date, since chapters and members must be given adequate time to review the issues under consideration by the House of Delegates.

A. Referral of Resolutions. All amendments and resolutions will be referred by the Chairperson of the House to an appropriate Reference Committee. The Reference Committees then hold “open” sessions to hear testimony on all proposed amendments and resolutions.
B. Participation by Members in the Reference Committee Hearings. The importance of member participation in testimony before Reference Committees cannot be over emphasized. The Reference Committee sessions are used for in-depth discussion of the issues reflected in amendments, resolutions and reports submitted to the House of Delegates. A policy of openness is maintained in hearings of the Reference Committees, and any individual may present viewpoints for consideration at the designated “open” sessions. During “closed” sessions, any individual may be present to hear the deliberations of the Reference Committee. However, individuals not on the Reference Committee may not participate or make comments until subsequent “open” sessions. Furthermore, the deliberations following the “open” sessions will be “closed.”

C. Regional Responsibilities in Policy Deliberations. At one of the regional meetings prior to the Opening Session of the House of Delegates, each region shall review all submitted amendments, resolutions, and reports. Regions shall assign members to attend specific Reference Committee sessions in order to optimally provide input into the deliberations on the issues under consideration. (2003)

D. Delegate(s) Responsibilities in the House of Delegates. It is the responsibility of the official Delegate(s) to take final action on the Reference Committee reports. Although any Delegate may speak out in support of or opposition to any part of any Reference Committee report, it is primarily within the chapter meetings prior to the Annual Meeting and within the regional meetings and Reference Committee hearings at the Annual Meeting that in depth discussion and debate of the issues takes place. No smoking is allowed on the floor of the House of Delegates.

E. Reports to the House of Delegates. The House of Delegates annually receives, from the President, Vice President for Finance, Board of Trustees, Coordinators and/or Committees and the ED, reports of pertinence to their responsibilities. Reports are submitted “For Information Only” to the House of Delegates. The House of Delegates does not consider “recommendations” as listed in the reports. Recommendations must be submitted to the House of Delegates as separate Constitution and Bylaws amendments, Resolutions of Principle or Resolutions of Internal Affairs.

F. Implementation of Association Policy. In order to allow the policies of AMSA to be implemented in a manner appropriate to its resources, the House of Delegates entrusts the Board of Trustees (BOT) with the responsibility for implementation of all policies established by the House of Delegates. In cases where the Association’s resources do not allow for immediate implementation of policies, the BOT will implement such policies as soon as adequate resources are obtained. In addition, funding the newly passed policy will be discussed and voted upon at the budgetary discussions at June BOT or AC Exec meeting. If a 2/3 majority vote decides to deny funding due to lack of resources, this decision will be communicated to members in the ensuing BOT June Action Report, (as listed in the Constitution and Bylaws, Article XVII, Section 1). At the following HOD, a statement regarding lack of implementation due to inadequate funding, will also be included in the Vice President for Finance’ Report to the HOD. (2008) These policies in addition will guide the legislative action of the Association, as implemented below.

1. The Legislative Agenda of the Association will consist of the following issues, which are most pertinent to medical students.; (2005)

   a. Access to Health Care: AMSA will address the inequities and shortfalls of the U.S. health care system. This effort will include, but are not limited to, advocating for a single-payer national health insurance plan, working for improved Medicare and Medicaid regulations, resolving physician supply issues and reforming the malpractice liability insurance system, and advocating for greater access for insured individuals. (2005)

   b. Global AIDS pandemic: AMSA will address the Global AIDS pandemic through advocacy and lobbying efforts. We recognize this pandemic to be one of the greatest tragedies of our time, and our efforts will include, but are not limited to, educating the public and medical professionals about HIV and HIV-related illnesses, developing systems of coordinated volunteer and government agencies to distribute resources to AIDS-afflicted countries, creating mechanisms to provide access to essential medications, encouraging research on developing a cure and better treatments for HIV/AIDS, and advocating for increased funding to countries stricken by HIV and AIDS. (2005)

   c. Medical Education: AMSA will address the undergraduate and graduate medical education process, structure, and curriculum. This effort will include, but is not limited to, adjusting the medical education process to provide the most relevant and beneficial curriculum and atmosphere for physicians-in-training,
revising medical board examination methods when necessary, advocating for diversity in medicine, training culturally-competent physicians, and encouraging a public health and community-based curricula. (2005)
d. Residency Work Hours: AMSA will address the particular issue of residency work hours. This effort will include, but is not limited to, supporting efforts to implement the safe resident work hour regulations, including those at the federal level, instituting whistleblower protection, educating physicians-in-training on the effects of acute and chronic sleep deprivation, and establishing independent review committees to monitor residency program compliance. (2005)
e. Medical Education Costs: AMSA will address the cost of medical education and student debt by improving the availability of adequate student financial support including, but not limited to, tax credits for student loan interest, improved methods of loan repayment, merit-based scholarships, grants for disadvantaged students, and innovative student and school-based financing strategies. AMSA will also seek to limit rising medical school tuition that is increasingly discouraging qualified students from entering the field of medicine. (2005)

2. Any additions, amendments, or alterations to this legislative agenda shall require a two-thirds affirmative vote in the House of Delegates. (1997)
3. However, given the volatility of political agendas, AMSA’s daily legislative efforts will be determined by the LAD based on the prevailing political issues. (1997)

G. Change to Established Association Policy. Individuals who seek to change established association policy are encouraged to write resolutions to the contrary.

Section XI. Advertising Policy Formulation

The following guidelines are to be used by the Association in formulating advertising policy:

1. There should be no statements, verbal or pictorial, that are misleading.
2. Patients and providers should be portrayed in a respectful and humane manner and not in a stereotyped or demeaning fashion with respect to age, sex, sexual orientation and gender identity, race or disability.
3. Statements of properties, performance, content values, beneficial results, etc. of products should be such that they can be verified by adequate data in the literature. (2004)
4. AMSA recognizes the valuable role the United States Armed Forces and its service people play in defending our country and keeping peace; however, AMSA bans all advertising, including but not limited to print advertisements in AMSA publications and exhibition space at national or regional events, from any program under the administrative umbrella of the Department of Defense, except the Uniformed Services University of the Health Sciences and military residency programs, until such a time that it allows people of all sexual orientations to serve openly in the United States Armed Forces. All other branches of the United States Armed Forces are prohibited from advertising in its publications. Uniformed services that do not fall under the Department of Defense are permitted to advertise and exhibit. (2006)
5. AMSA bans all pharmaceutical ads in its publications and events. (2004)
6. AMSA bans all campaign advertisements for political candidates and/or political parties. (2005)
7. Support documentation verifying claims must be submitted to publisher upon request before an advertisement will be accepted for publication.
8. Nutritional advertisements should not conflict with the U.S. Dietary Guidelines.
9. Advertisements for special purpose foods must include a list of ingredients and the quantitative nutrition analysis of the product or offer to supply this information on request. If the advertiser elects to state the nutrition value in terms of RDA’s, as well as the quantitative nutrition analysis, current federal regulations governing nutrition labeling should be followed or this information offered on request.
10. The implementation of the above guidelines will be the responsibility of the BOT.
Section XII. Review of Association Principles

A. The responsibility for review and revision of Association Principles is a general one falling to all the members of AMSA. However, it shall be a specific duty of the Action Committees to periodically review those Principles, which might apply to them, and assure they reflect the current views of the membership.

B. The Chairs of the Action Committees shall present in their first report to the Board of Trustees a short summary of sections of the Principles which apply to them and which will be reviewed during the year.

C. In their year end report, Chairs of the Action Committees shall list these Principles and note any action taken—whether it be a project, interest group, or resolution—that concerned those Principles in question.

D. It shall be the responsibility of the Secretary and Vice President for Internal Affairs to periodically reformat the Principles of the Association in order to make the organization of them more relevant to the membership.

E. The Action Committees shall be responsible for annually reviewing the Principles for outdated terms and obsolete issues or entries. The Secretary and Vice President for Internal Affairs shall annually update the Principles of the Association with the approval of the BOT. These updates may include the following:
   1. Substitution of outdated terms with up-to-date terms (2003)
   2. Deletion of Principles that address issues or entities that are obsolete (2003)

F. Any Principles that are deleted for being obsolete shall be kept on file by AMSA for historical purposes. (2003)

Section XIII. Format of Resolutions

All resolutions submitted to the national office for consideration by the House of Delegates are classified as either: (1) Resolutions of Principles; (2) Resolutions of Internal Affairs; or (3) Constitution and Bylaws Amendments. The House of Delegates requires that the following guidelines be adhered to for all resolutions submitted for consideration:

1. If a member desires to submit a proposal with aspects pertaining to both “principles” and “internal affairs,” two separate resolutions must be submitted;

2. All proposed resolutions must be accompanied by at least a summary of information supporting the feasibility of need for and interest in all activities delineated within the body of the resolution;

3. Amendments to the three documents must adhere to the “Format of Resolutions” section outlined in the “Official Call”;

4. All proposed resolutions must be neutral in vocabulary with regard to gender, unless a particular gender is specifically intended; and,

5. The source of all statistics in resolution proposals must be footnoted and a single copy of that source be available to the Reference Committee on request.

A. Resolutions of Principle. Any resolution pertaining to a particular issue or problem related to the external interests of the Association will be classified as a “Resolution of Principle.” All such resolutions accepted at the sessions of the House of Delegates are compiled in The Preamble, Purposes and Principles of the American Medical Student Association.

B. Resolutions of Internal Affairs. Any resolution pertaining to goals, priorities, suggested activities, programs or projects and mandates requiring resources of the Association will be classified as a “Resolution of Internal Affairs.” All Resolutions of Internal Affairs passed at the sessions of the House of Delegates will be referred to the Board of Trustees for consideration and action. The Board of Trustees is responsible for reporting back to the House of Delegates, at the next Annual Meeting, on action taken regarding each Resolution of Internal Affairs. The report will be presented to the Delegates by the Chairperson of the House as the Board of Trustees’ representative.

C. Resolved Sections of Resolutions. The House of Delegates requires that all resolved sections of resolutions be “freestanding” and without reference to the preceding introductory statement and/or compendium of information.
The House of Delegates also requires that the specific section of the document to be amended be clearly articulated within the body of the resolved section of the resolution and portions to be superseded be clearly identified for deletion.

D. Preservation of Introduction Clauses and Indexing of Resolutions. Since the introduction to resolutions often contains valuable information about the author’s intent, the introduction clauses shall be preserved by the AMSA national office on the AMSA Web site, beginning with the 2002 House of Delegates. This info will be password protected and accessed only with a valid AMSA i.d. number. (2002) The PPP shall be indexed by subject. In addition, beginning in 1985, the year of adoption and amendment should be appended to each statement or principle so that one can refer to The Preamble, Purposes and Principles and see in which year any principle was adopted or amended. The above mentioned subject index, as well as the year of principle adoption shall be included within The Preamble, Purpose and Principles.

E. Compilation and Distribution of AMSA Policy. The three documents of the Association will be compiled on an annual basis and distributed to Chapter Officers and other interested individuals.

Section XIV. Environmental Health and AMSA-Sponsored Activities

AMSA endorses promoting well-being and health through improvements to and harm reduction in the built, natural, social and physical environment. To promote the highest quality of health for those attending AMSA events, AMSA-sponsored regional or national meetings and programs will adhere to the following guidelines: (2008)

1. Use of any tobacco product is not allowed during any AMSA-sponsored regional or national meetings or local programs, within an environment under the temporary or permanent control of local or National AMSA. AMSA encourages local, regional and national event organizers to promote a smoke-free environment within areas not under AMSA control. (2008)

2. Weapons of any kind are not permitted at AMSA events unless special permission has been given in advance by the Board of Trustees for a compelling reason or the individual is on duty as a law enforcement officer or active-duty military personnel. Those possessing or carrying weapons without permission will not be permitted to attend future AMSA events or participate in AMSA leadership. (2008)

3. If noxious or harmful exposures are noted at an AMSA event, event organizers are accountable for informing attendees and mitigating harm. (2008)

4. AMSA will specifically request recycling and other energy conservation services when booking any commercial meeting sites and contractors. The use of environmentally harmful practices or businesses by AMSA finding should be strongly discouraged. Special consideration may be given to environmentally friendly businesses and cost should not be the only consideration in the selection of such a business. (2008)

5. Recycling and energy conservation measures are required in all national AMSA properties and rentals. When cost-effective, energy audits and energy-saving measures must be employed. Other energy-saving measures should be explored and encouraged. (2008)

6. AMSA will offer carbon offsetting to attendees and participants traveling to national and regional meetings at additional cost to attendees and strive to use low impact methods for AMSA-sponsored travel. (2008)

7. All AMSA leaders and staff will minimize the amount of paper and copying for all activities, meetings and programming. Alternatives such as digital documents, online forms, shared programs, and recyclable materials are strongly encouraged. (2008)

Section XV. Regarding Public Advocacy of the Association’s Principles

We, the members of AMSA, expect that resolutions passed in the House of Delegates and integrated into the Preamble, Purposes and Principles (PPP), will be more than just a written document. We fully expect that persons representing AMSA will actively pursue the goals and policies stated in the PPP. Persons representing AMSA have both the right and the responsibility, and are encouraged, to publicly express the convictions of the Association, so long as their actions do not endanger the Association’s legal standing, while at the same time keeping the Association informed of their actions and their intent communicated to the Board of Trustees.
Section XVI. Regarding *The New Physician* Magazine

The American Medical Student Association adopts the following set of management principles for *The New Physician*: (1999)

1. The magazine shall act as the primary and official publication of the American Medical Student Association (AMSA).
2. The magazine shall be provided to each member who elects to receive the journal, to each individual subscriber and to related complementary readership as determined by the Managing Publisher.
3. The magazine shall be supported by appropriate allocation of dues, as set by the Board of Trustees (BOT) and the Managing Publisher, each individual reader subscription, display and classified advertising and gifts and contributions as solicited by the BOT.
4. The magazine shall contain commercial advertising (display and classified) depicting goods and services of personal and professional use to physicians-in-training, i.e., the readership.
5. All advertising shall be represented in a tasteful manner, inoffensive to any human group, and represent a quality and truthful product or service.
6. AMSA, through the Managing Publisher, shall retain the right to reject any advertising deemed to be untruthful or misleading, offensive, or presented in bad taste.
7. The magazine shall carry AMSA program promotional advertising, based on availability of space, as determined by the Managing Publisher to promote AMSA's membership services, educational products or educational programs.
8. The magazine shall be viewed and managed by the organization as an "objective journalistic instrument," having protected integrity and sole purpose to provide the readership with unbiased and truthful research and reporting.
9. The magazine's editorial mission shall be to pursue and present news and issues of interest and importance to the readership and the organization in an unbiased manner through objective research and reporting.
10. The magazine shall serve as a primary educational tool for the readership and will provide educational aids of high quality and utility to physicians-in-training of a clinical or nonclinical nature.
11. The magazine shall not carry any political messages or advertising reflecting the opinions of any internal or external group, with the exception of information contained in "AMSA Focus." There shall not be advertising for specific campaigns, including advertising for political candidates and political parties. (2005)
12. The magazine shall routinely carry timely and important news concerning the AMSA and its affiliates. Such organizational news shall be presented in a separate and special section of the magazine ("AMSA Focus") easily identifiable by the readership.
13. The magazine shall not be used by the organization and any subgroup of the organization or any group external to the organization for the purpose of pursuing or presenting, in any format, issues of special interest.
14. The magazine shall have an Editorial Advisory Board (EAB) appointed by the Board of Trustees in accordance with the Bylaws of the American Medical Student Association. The EAB shall be responsible for assisting the organization with the planning and development of the magazine's editorial mission.
15. The magazine shall have a Student Editor appointed in accordance with the Bylaws of the American Medical Student Association. The Student Editor will be accountable to the BOT for conducting liaisons between the Board and the magazine and assisting the Managing Publisher and magazine Editor with the planning, development, pursuit and execution of the magazine's editorial mission.
16. The magazine shall have a Managing Publisher, who shall be in common with the office of the Executive Director of the Association and shall be appointed by the BOT of AMSA. The Managing Publisher shall be responsible for all aspects of the magazine's planning, development and management and shall be accountable to the BOT for such duties. The Managing Publisher shall establish an editorial and management staff for the magazine and delegate such duties as appropriate.
17. The magazine shall have a full time Editor, hired by the Managing Publisher. The Editor of the magazine shall be responsible to the Managing Publisher for planning, pursuing and executing the editorial mission of the magazine and any other duties delegated by the Managing Publisher.
18. The Student Editor, National President, Managing Publisher and Editor of the magazine shall comprise an executive team for the purpose of planning and developing the magazine. This team shall have the responsibility to referee issues arising concerning the pursuit, preservation of integrity and any infringement upon the editorial mission of the magazine and management principles of the magazine as approved by the House of Delegates.

19. The Managing Publisher and executive team shall have the responsibility of evaluating the progress of the magazine each year in terms of effectiveness and stability and develop an annual report for the BOT to be submitted to the House of Delegates. This report shall make recommendations regarding pending issues, strategies, needs and changes in the magazine or its managing principles.

Section XVII. Strategic Planning and Strategic Priorities

The President shall oversee a process of strategic planning for the Association during November Meetings of the Board of Trustees and Executive Board of the Action Committees every four years for external priorities and every two years for internal priorities or sooner, if deemed necessary by the Board of Trustees and Executive Board of the Action Committees. (2004) During this time, the leadership shall designate strategic priorities of the Association. These priorities shall serve as issues around which AMSA shall focus its time, resources, and energies. The Board of Trustees may supersede these regulations if deemed necessary. Updates on each Strategic Priority shall be presented and reviewed at all meetings of the Board of Trustees and Executive Board of the Action Committees. (2003)