



AAMA Officer and Trustee Nomination Form

Name:	Credential(s):
Address:	
Phone: (Day)	(Evening)
Email:	
Candidate for the Office of:	
Member ID:	State Society Affiliation:
Are you a CMA (AAMA)®? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If "Yes," what is your certification expiration date?	

Attached is my professional CV, which includes:

- | | |
|---|--|
| 1. AAMA chapter activities, including dates; | 3. AAMA society activities, including dates; and |
| 2. AAMA national activities, including dates; | 4. other professional activities. |

I, _____, hereby consent to have my name placed in nomination for the office of _____ of the American Association of Medical Assistants®.

I will comply with *AAMA Bylaws* and established policies pertaining to the above office and, if elected, meet all deadlines and do my best to serve the AAMA in this capacity.

_____ Date	_____ Signature
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Submission Information

Deadline: May 1, 2025 (*emailed or postmarked by*)

Submit the completed nomination form and all requested attachments by email (*preferred*) or mail:

Email (*preferred*): Monica Case, CMA (AAMA), Nominating Committee Chair at MCase@aama-ntl.org

CC: Committee liaisons at DBalasa@aama-ntl.org and SFlynn@aama-ntl.org

Mail: AAMA (Attn: Sharon Flynn)
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606

Additional submission materials required. A position statement (platform), your AAMA leadership and employment CV, and a color headshot must be submitted to the Marketing and Communications Department at the AAMA Executive Office. The *Medical Assisting Today* Platform and Vital Stats Form must be completed and submitted electronically to Communications Director Miranda Sanks-Korenchan at MarCom@aama-ntl.org by **May 1, 2025**.