See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490
Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation).

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning and ending

<table>
<thead>
<tr>
<th>Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</th>
</tr>
</thead>
<tbody>
<tr>
<td>H and I are not applicable to section 527 organizations.</td>
</tr>
<tr>
<td>H(a) Is this a group return for affiliates?</td>
</tr>
<tr>
<td>H(b) If &quot;Yes,&quot; enter number of affiliates:</td>
</tr>
<tr>
<td>H(c) Are all affiliates included?</td>
</tr>
<tr>
<td>H(d) Is this a separate return filed by an organization covered by a group ruling?</td>
</tr>
</tbody>
</table>

B Check if applicable

<table>
<thead>
<tr>
<th>Address Change</th>
<th>Home Change</th>
<th>Initial Return</th>
<th>Final Return</th>
<th>Amended Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

C Name of organization

AMERICAN MEDICAL ASSOCIATION

515 NORTH STREET

CHICAGO, IL 60610

D Employer identification number

36-0727175

E Telephone number

(312)464-5000

F Accounting method

[ ] Cash [ ] Accrual

G Website: WWW.AMA-ASSN.ORG

J Organization type (check one)

[ ] 501(c)(3) | [ ] 4947(a)(1) | [ ] 527

K Check here [ ] if the organization’s gross receipts are normally not more than $250,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should return a file without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12

308,975,696

Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances

1 Contributions, gifts, grants, and similar amounts received

<table>
<thead>
<tr>
<th>a</th>
<th>Direct public support</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Indirect public support</td>
</tr>
<tr>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Government contributions (grants)</td>
</tr>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Total (add lines 1a through 1c) (cash $ noncash $)</td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
</tbody>
</table>

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 92,325,151

3 Membership dues and assessments

3 48,107,363

4 Interest on savings and temporary cash investments

4 60,562

5 Dividends and interest from securities

5 4,256,831

6 Gross rents See Statement 1

6a 533,024

6b 1,739

7 Other interest income (describe INCOME FROM AFFILIATES)

7 232,501

8 Gross amount from sales of assets other than inventory

<table>
<thead>
<tr>
<th>a</th>
<th>Securites</th>
</tr>
</thead>
<tbody>
<tr>
<td>8a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less cost or basis and sales expenses</td>
</tr>
<tr>
<td>8b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gain or (loss) (attach schedule)</td>
</tr>
<tr>
<td>8c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Net gain or (loss) (combineline 8c, columns (A) and (B))</td>
</tr>
<tr>
<td>8d</td>
<td></td>
</tr>
</tbody>
</table>

9 Special events and activities (attach schedule). If any amount is from gaming, check here [ ]

<table>
<thead>
<tr>
<th>a</th>
<th>Gross revenue (not including $ of contributions reported on line 1a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less direct expenses other than fundraising expenses</td>
</tr>
<tr>
<td>9b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Net income or (loss) from special events (subtract line 9b from line 9a)</td>
</tr>
<tr>
<td>9c</td>
<td></td>
</tr>
</tbody>
</table>

10 Gross sales of inventory, less returns and allowances

<table>
<thead>
<tr>
<th>a</th>
<th>Securities</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Less cost of goods sold</td>
</tr>
<tr>
<td>10b</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)</td>
</tr>
<tr>
<td>10c</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Other revenue (from Part VII, line 103)</td>
</tr>
<tr>
<td>10d</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)</td>
</tr>
<tr>
<td>10e</td>
<td></td>
</tr>
</tbody>
</table>

11 Program services (from line 44, column (B))

11 13

12 Management and general (from line 44, column (C))

12 14

13 Fundraising (from line 44, column (D))

13 15

14 Payments to affiliates (attach schedule)

14 16

15 Total expenses (add lines 16 and 44, column (A))

15 201,514,359

16 Excess or (deficit) for the year (subtract line 17 from line 12)

16 18 42,077,459

17 Net assets or fund balances at beginning of year (from line 73, column (A))

17 19 193,040,251

18 Other changes in net assets or fund balances (attach explanation)

18 20 16,709,382

19 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

19 20 249,827,032

20007 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2004)
<table>
<thead>
<tr>
<th>Part II</th>
<th>Statement of Functional Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do not include amounts reported on line 6b, 6h, 9b, 9h, 10b, or 16 of Part I</th>
<th>(A) Total</th>
<th>(B) Program services</th>
<th>(C) Management and general</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 Grants and allocations (attach schedule)</td>
<td>22</td>
<td>1,010,953</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(cash $ 1,010,953, noncash $ 0)</td>
<td>22</td>
<td>1,010,953</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td>23</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 Compensation of officers, directors, etc</td>
<td>25</td>
<td>2,689,640</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Other salaries and wages</td>
<td>26</td>
<td>72,272,558</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Pension plan contributions</td>
<td>27</td>
<td>1,459,080</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Other employee benefits</td>
<td>28</td>
<td>13,908,213</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td>29</td>
<td>5,408,696</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td>30</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td>31</td>
<td>200,650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td>32</td>
<td>1,705,287</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td>33</td>
<td>1,146,279</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Telephone</td>
<td>34</td>
<td>1,728,309</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td>35</td>
<td>3,785,489</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td>36</td>
<td>14,968,896</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td>37</td>
<td>739,957</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td>38</td>
<td>32,602,662</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td>39</td>
<td>7,172,383</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td>40</td>
<td>3,171,909</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td>41</td>
<td>360,286</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc (attach schedule)</td>
<td>42</td>
<td>7,728,920</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize)</td>
<td>43</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>SEE STATEMENT 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43e Total functional expenses (add lines 22 through 43)</td>
<td>43e</td>
<td>29,454,172</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44 Total functional expenses (add lines 23 through 43) 201,514,359

44 Joint Costs. Check □ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? □ Yes □ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

Part III | Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

TO FURTHER THE INTERESTS OF THE MEDICAL PROFESSION.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

a SEE STATEMENT 9

(Grants and allocations)

b SEE STATEMENT 10

(Grants and allocations)

c SEE STATEMENT 11

(Grants and allocations)

d

(Grants and allocations)

e Other program services (attach schedule) STATEMENT 13

(Grants and allocations)

f Total of Program Service Expenses (should equal line 44, column (B) Program services) ▶
### Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Cash - non-interest-bearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 a Accounts receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>19,934,879</td>
<td>18,712,162,47c</td>
</tr>
<tr>
<td>48 a Pledges receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 Receivables from officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51 a Other notes and loans receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54 Investments - securities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STMT 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STMT 16 Cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STMT 16 FMV</td>
<td>143,386,669</td>
<td>185,500,892</td>
</tr>
<tr>
<td>55 a Investments - land, buildings, and equipment: basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td>1,313,071,55c</td>
<td></td>
</tr>
<tr>
<td>56 Investments - other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEE STATEMENT 1A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>57 a Land, buildings, and equipment basis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STMT 18A</td>
<td>127,615,481</td>
<td>19,866,029</td>
</tr>
<tr>
<td>58 Other assets (describe DEPOSIT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>59 Total assets (add lines 45 through 58) (must equal line 74)</td>
<td>288,294,862</td>
<td>371,076,348</td>
</tr>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>61 Grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>64 a Tax-exempt bond liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Mortgages and other notes payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 Other liabilities (describe SEE STATEMENT 15)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66 Total liabilities (add lines 60 through 65)</td>
<td>97,254,611,66</td>
<td>121,249,256</td>
</tr>
<tr>
<td>Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>67 Unrestricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>68 Temporarily restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>69 Permanently restricted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizations that do not follow SFAS 117, check here and complete lines 70 through 74</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 Capital stock, trust principal, or current funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>71 Paid-in or capital surplus, or land, building, and equipment fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>72 Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)</td>
<td>191,040,251,67</td>
<td>248,022,573</td>
</tr>
<tr>
<td>74 Total liabilities and net assets / fund balances (add lines 66 and 73)</td>
<td>288,294,862,74</td>
<td>371,076,348</td>
</tr>
</tbody>
</table>

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part II, the organization's programs and accomplishments.
### Part IV-A: Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
<td>a</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 12, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Net unrealized gains on investments</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Donated services and use of facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Recoveries of prior year grants</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add amounts on lines (1) through (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Line a minus line b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on line 12, Form 990 but not on line a:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Investment expenses not included on line 6b, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add amounts on lines (1) and (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total revenue per line 12, Form 990 (line e plus line d)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IV-B: Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
<td>a</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on line 17, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Donated services and use of facilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Prior year adjustments reported on line 20, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) Losses reported on line 20, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(4) Other (specify)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Add amounts on lines (1) through (4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Line a minus line b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on line 17, Form 990 but not on line a:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) Investment expenses not included on line 6b, Form 990</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) Other (specify):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Add amounts on lines (1) and (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total expenses per line 17, Form 990 (line e plus line d)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part V: List of Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (if not paid, enter -)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 17</td>
<td>2,689,640.00 117,000.00 68,579.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? If "Yes," attach schedule □ Yes □ No
### Form 990 (2004) Information

<table>
<thead>
<tr>
<th>Part VI</th>
<th>Other Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>76</td>
<td>Did the organization engage in any activity not previously reported to the IRS? If &quot;Yes,&quot; attach a detailed description of each activity.</td>
</tr>
<tr>
<td>77</td>
<td>Were any changes made in the organizing or governing documents but not reported to the IRS?</td>
</tr>
<tr>
<td>78a</td>
<td>Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</td>
</tr>
<tr>
<td>78b</td>
<td>If &quot;Yes,&quot; has it filed a tax return on Form 990-T for this year?</td>
</tr>
<tr>
<td>79</td>
<td>Was there a liquidation, dissolution, termination, or substantial contraction during the year?</td>
</tr>
<tr>
<td>80a</td>
<td>Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?</td>
</tr>
<tr>
<td>81a</td>
<td>Enter direct or indirect political expenditures. See line 81 instructions.</td>
</tr>
<tr>
<td>82a</td>
<td>Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?</td>
</tr>
<tr>
<td>83a</td>
<td>Did the organization comply with the public inspection requirements for returns and exemption applications?</td>
</tr>
<tr>
<td>84a</td>
<td>Did the organization solicit any contributions or gifts that were not tax deductible?</td>
</tr>
<tr>
<td>85a</td>
<td>501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?</td>
</tr>
<tr>
<td>85b</td>
<td>Did the organization make only in-house lobbying expenditures of $2,000 or less?</td>
</tr>
<tr>
<td>85c</td>
<td>Dues, assessments, and similar amounts from members</td>
</tr>
<tr>
<td>85d</td>
<td>Section 162(e) lobbying and political expenditures</td>
</tr>
<tr>
<td>85e</td>
<td>Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices</td>
</tr>
<tr>
<td>85f</td>
<td>Taxable amount of lobbying and political expenditures (line 85d less 85e)</td>
</tr>
<tr>
<td>85g</td>
<td>Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?</td>
</tr>
<tr>
<td>86</td>
<td>501(c)(7) organizations. Enter initiation fees and capital contributions included on line 12</td>
</tr>
<tr>
<td>87a</td>
<td>Gross income from members or shareholders</td>
</tr>
<tr>
<td>87b</td>
<td>Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)</td>
</tr>
<tr>
<td>88</td>
<td>At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?</td>
</tr>
<tr>
<td>89a</td>
<td>501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4913, section 4912, section 4913, section 4955</td>
</tr>
<tr>
<td>89b</td>
<td>501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?</td>
</tr>
<tr>
<td>89c</td>
<td>Enter amount of tax imposed on the organization managers or disqualified persons under sections 4912, 4955, and 4958</td>
</tr>
<tr>
<td>90a</td>
<td>List the states with which a copy of this return is filed</td>
</tr>
<tr>
<td>91</td>
<td>The books are in the care of</td>
</tr>
<tr>
<td>92</td>
<td>Number of employees employed in the pay period that includes March 12, 2004</td>
</tr>
<tr>
<td>93</td>
<td>Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041. Check here and enter the amount of tax-exempt interest received or accrued during the tax year</td>
</tr>
</tbody>
</table>
### Part VII | Analysis of Income-Producing Activities

#### Note: Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
<th>(E) Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>93 Program service revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a SEE STATEMENT 18</td>
<td>40,733,203</td>
<td></td>
<td></td>
<td>50,010,921</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Medicare/Medicaid payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Fees and contracts from government agencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>94 Membership dues and assessments</td>
<td></td>
<td></td>
<td></td>
<td>48,107,363</td>
</tr>
<tr>
<td>95 Interest on savings and temporary cash investments</td>
<td>14</td>
<td>60,552</td>
<td></td>
<td></td>
</tr>
<tr>
<td>96 Dividends and interest from securities</td>
<td>14</td>
<td>4,256,831</td>
<td></td>
<td></td>
</tr>
<tr>
<td>97 Net rental income (or loss) from real estate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a debt-financed property</td>
<td>16</td>
<td>531,285</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b not debt-financed property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>98 Net rental income (or loss) from personal property</td>
<td>14</td>
<td>232,501</td>
<td></td>
<td></td>
</tr>
<tr>
<td>99 Other investment income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>100 Gain (or loss) from sales of assets</td>
<td>18</td>
<td>10,466,693</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>101 Net income (or loss) from special events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>102 Gross profit (or loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td>38,786,029</td>
</tr>
<tr>
<td>103 Other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a SEE STATEMENT 19</td>
<td>46,195,466</td>
<td></td>
<td></td>
<td>2,629,937</td>
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<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Subtotal (add columns (B), (D), and (E))</strong></td>
<td><strong>40,733,203</strong></td>
<td><strong>61,743,338</strong></td>
<td><strong>141,115,277</strong></td>
</tr>
</tbody>
</table>

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

### Part VIII | Relationship of Activities to the Accomplishment of Exempt Purposes

**Line No.** Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

**SEE STATEMENT 21**

### Part IX | Information Regarding Taxable Subsidiaries and Disregarded Entities

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEE STATEMENT 20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part X | Information Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **[ ] Yes [ ] No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **[ ] Yes [ ] No**

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign:** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. A signature of an officer (other than officer) is based on all information in which preparer has any knowledge.

**Signature of officer:**

**Paid Preparer's Signature:**

**Preparer's SSN or PTIN:**

**Preparer's Firm's name [(or yours if self-employed), address, and ZIP + 4]:**

**EIN:**

**Phone no:** 312-486-1000

---

*Form 990 (2004)*
AMERICAN MEDICAL ASSOCIATION

FORM 990  
RENTAL INCOME  
STATEMENT 1

<table>
<thead>
<tr>
<th>KIND AND LOCATION OF PROPERTY</th>
<th>ACTIVITY NUMBER</th>
<th>GROSS RENTAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAND PARCEL KNOWN AS 600 NORTH STATE STREET</td>
<td>1</td>
<td>$533,024</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990, PART I, LINE 6A

$533,024
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ACTIVITY NUMBER</th>
<th>AMOUNT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEGAL FEES</td>
<td>1</td>
<td>1,739.</td>
<td>1,739.</td>
</tr>
<tr>
<td><strong>SUBTOTAL</strong></td>
<td></td>
<td></td>
<td>1,739.</td>
</tr>
</tbody>
</table>

TOTAL TO FORM 990, PART I, LINE 6B

1,739.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLICLY TRADED SECURITIES</td>
<td>60,736,435.</td>
<td>53,776,640.</td>
<td>1,459,500.</td>
<td>5,500,287.</td>
</tr>
<tr>
<td>TO FORM 990, PART I, LINE 8</td>
<td>60,736,435.</td>
<td>53,776,640.</td>
<td>1,459,500.</td>
<td>5,500,287.</td>
</tr>
<tr>
<td>NAME OF BUYER</td>
<td>GROSS SALES PRICE</td>
<td>COST OR OTHER BASIS</td>
<td>EXPENSE OF SALE</td>
<td>DEPREC</td>
</tr>
<tr>
<td>----------------------</td>
<td>-------------------</td>
<td>---------------------</td>
<td>-----------------</td>
<td>----------</td>
</tr>
<tr>
<td>UNRELATED TAXPAYER</td>
<td>10,450.00</td>
<td>770,638.00</td>
<td>0.00</td>
<td>758,928.00</td>
</tr>
</tbody>
</table>

**DESCRIPTION**

**FURNITURE AND FIXTURES**

<table>
<thead>
<tr>
<th>NAME OF BUYER</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>DEPREC</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNRELATED TAXPAYER</td>
<td>0.00</td>
<td>85,270.00</td>
<td>0.00</td>
<td>85,036.00</td>
<td>-234.00</td>
</tr>
</tbody>
</table>

**DESCRIPTION**

**INVESTMENT PROPERTY - 600 N. STATE ST.**

<table>
<thead>
<tr>
<th>NAME OF BUYER</th>
<th>GROSS SALES PRICE</th>
<th>COST OR OTHER BASIS</th>
<th>EXPENSE OF SALE</th>
<th>DEPREC</th>
<th>NET GAIN OR (LOSS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>W.H.P. HOTEL OWNER-3A, L.L.C.</td>
<td>6,280,970.00</td>
<td>1,313,070.00</td>
<td>0.00</td>
<td>0.00</td>
<td>4,967,900.00</td>
</tr>
</tbody>
</table>

| TO FM 990, PART I, LN 8 | 6,291,420.00       | 2,168,978.00        | 0.00            | 843,964.00 | 4,966,406.00       |
INCOME

1. GROSS RECEIPTS .................................................. 49,224,243
2. RETURNS AND ALLOWANCES .................................. 1,617,237
3. LINE 1 LESS LINE 2 .............................................. 47,607,006

4. COST OF GOODS SOLD (LINE 13) ......................... 8,820,977
5. GROSS PROFIT (LINE 3 LESS LINE 4) ................. 38,786,029

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR .................... 3,201,562
7. MERCHANDISE PURCHASED .................................. 6,948,504
8. COST OF LABOR ..................................................... 
9. MATERIALS AND SUPPLIES ...................................
10. OTHER COSTS .................................................... 1,655,882
11. ADD LINES 6 THROUGH 10 ............................... 11,805,948

12. INVENTORY AT END OF YEAR .............................. 2,984,971
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12) .. 8,820,977
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHIPPING &amp; HANDLING</td>
<td>1,050,315</td>
</tr>
<tr>
<td>OBsolescence</td>
<td>605,567</td>
</tr>
<tr>
<td>TOTAL INCLUDED ON FORM 990, PART I, LINE 10B</td>
<td>1,655,882</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>AMOUNT</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>TEMPORARILY RESTRICTED ASSETS</td>
<td>1,804,519.</td>
</tr>
<tr>
<td>UNREALIZED GAIN/LOSS</td>
<td>5,488,702.</td>
</tr>
<tr>
<td>SUBSIDIARY EARNINGS</td>
<td>9,416,161.</td>
</tr>
<tr>
<td>TOTAL TO FORM 990, PART I, LINE 20</td>
<td>16,709,382.</td>
</tr>
<tr>
<td>DESCRIPTION</td>
<td>(A)</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>CONSULTANTS' AND PROFESSIONAL SERVICE FEES</td>
<td>9,262,286</td>
</tr>
<tr>
<td>BAD DEBT EXPENSE</td>
<td></td>
</tr>
<tr>
<td>PROMOTION</td>
<td></td>
</tr>
<tr>
<td>ROYALTY EXPENSE</td>
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</tr>
<tr>
<td>MEMBERSHIP FEES</td>
<td></td>
</tr>
<tr>
<td>FOOD AND BEVERAGE-EMPLOYEES</td>
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</tr>
<tr>
<td>CAFETERIA</td>
<td>432,491</td>
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<tr>
<td>TEMPORARY OFFICE HELP</td>
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<td>EMPLOYEES</td>
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<tr>
<td>RECRUITMENT</td>
<td></td>
</tr>
<tr>
<td>TRAINING &amp; DEVELOPMENT COSTS</td>
<td></td>
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<tr>
<td>FEDERAL INCOME TAXES</td>
<td>3,998,641</td>
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<tr>
<td>MARKET RESEARCH</td>
<td>1,181,844</td>
</tr>
<tr>
<td>BANK CHARGES</td>
<td>471,950</td>
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<tr>
<td>COMPUTER EXPENSE</td>
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<td>MISCELLANEOUS</td>
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<tr>
<td>FOREIGN EXCHANGE RATE</td>
<td>43,253</td>
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<tr>
<td>SETTLEMENTS</td>
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<tr>
<td>UNUSED PERSONAL PROPERTY LOSS</td>
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<tr>
<td>REPRODUCTION AND BINDERY</td>
<td>-172</td>
</tr>
<tr>
<td>OUTBOUND TELEMARKETING SALES</td>
<td>1,623,951</td>
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<tr>
<td>SOFTWARE LICENSING FEES</td>
<td>3,294,602</td>
</tr>
<tr>
<td>DIRECTOR &amp; OFFICER INSURANCE</td>
<td>1,251,456</td>
</tr>
<tr>
<td>AMA MEMBERSHIPS</td>
<td>628,057</td>
</tr>
<tr>
<td>TOTAL TO FM 990, LN 43</td>
<td>29,454,172</td>
</tr>
</tbody>
</table>
DESCRIPTION OF PROGRAM SERVICE ONE

A. SCIENTIFIC PUBLICATIONS - THE AMA PUBLISHED THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION AND NINE SPECIALTY JOURNALS. THESE JOURNALS WERE DISTRIBUTED TO MORE THAN 600,000 INDIVIDUAL RECIPIENTS WORLDWIDE. THE JOURNALS INCLUDED DEFINITIVE, PEER REVIEWED CLINICAL AND INVESTIGATIVE REPORTS SPANNING MAJOR MEDICAL DISCIPLINES TO SUPPORT INFORMED CLINICAL DECISION-MAKING AND TO ENABLE PHYSICIANS TO REMAIN CURRENT PROFESSIONALLY.

TO FORM 990, PART III, LINE A

______________________________
GRANTS

______________________________
EXPENSES
DESCRIPTION OF PROGRAM SERVICE TWO

B. COMMUNICATION WITH THE PROFESSION - THE AMA PUBLISHED AMERICAN MEDICAL NEWS (AM NEWS) WEEKLY. AM NEWS INFORMED PHYSICIANS, THE MEDIA AND OTHERS OF IMPORTANT SOCIAL, POLITICAL AND ECONOMIC EVENTS THAT AFFECTED THE PRACTICE OF MEDICINE. AM NEWS WAS DISTRIBUTED TO OVER 300,000 RECIPIENTS.

TO FORM 990, PART III, LINE B

GRANTS EXPENSES
DESCRIPTION OF PROGRAM SERVICE THREE

C. AMA DATABASE - THE AMA MAINTAINED THE PHYSICIAN
MASTERFILE, AN AUTHORITATIVE, COMPREHENSIVE AND ACCURATE
SOURCE OF INFORMATION ON PHYSICIANS AND THEIR PRACTICE
CHARACTERISTICS. THE MASTERFILE CONTAINS INFORMATION ON OVER
650,000 PHYSICIANS.

TO FORM 990, PART III, LINE C

<table>
<thead>
<tr>
<th>GRANTS</th>
<th>EXPENSES</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>CLASSIFICATION</td>
<td>DONEE'S NAME</td>
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<td>--------------------------------</td>
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<tr>
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<td>ALBANY MEDICAL COLLEGE</td>
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<td>ALBERT EINSTEIN</td>
<td>ALBERT EINSTEIN COLLEGE OF MEDICINE</td>
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<td>AMERICAN ASSOCIATION OF MEDICAL</td>
<td>AMERICAN ASSOCIATION OF MEDICAL</td>
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<td>ALASKA NATIVE HEALTH BOARD</td>
<td>ALASKA NATIVE HEALTH BOARD</td>
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<td>AMERICAN CANCER SOCIETY</td>
<td>AMERICAN CANCER SOCIETY</td>
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<td>AMERICAN HEART ASSOCIATION</td>
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<td>BROWN MEDICAL SCHOOL</td>
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<td>CHICAGO COLLEGE OF OSTEOPATHIC MED</td>
</tr>
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36-0727175

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**TOTAL INCLUDED ON FORM 990, PART II, LINE 22**

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TOTAL TO FORM 990, PART III, LINE E
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TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B  

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TO FORM 990, LINE 54, COL B

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<tr>
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<tr>
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<tr>
<td>515 North State Street</td>
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<tr>
<td>Chicago, Illinois 60610</td>
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<tr>
<td>Jeremy A. Lazarus, M.D.</td>
<td>Vice-Speaker, House of Delegates</td>
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<tr>
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<tr>
<td>Chicago, Illinois 60610</td>
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<td>Michael D. Hayes, M.D.</td>
<td>Executive</td>
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<td>Vice President</td>
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<td>Robert R. McMillan, J.D.</td>
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<td>Chicago, Illinois 60610</td>
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<td>John C. Nelson, M.D.</td>
<td>President-Elect through June, 2004</td>
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<td>Payee: John C. Nelson, MD, Inc</td>
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<tr>
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<tr>
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<td>Donald J. Palmisano, M.D., J.D.</td>
<td>President through June, 2004</td>
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<tr>
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<td>Column D:</td>
<td>Column E:</td>
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<td>Rebecca J. Patchin, M.D.</td>
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<td>59,450</td>
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<td>750</td>
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<tr>
<td>Payee: Rebecca J. Patchin, MD, Inc</td>
<td></td>
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<tr>
<td>William G. Plested III, M.D.</td>
<td>Chair through</td>
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<tr>
<td>Chicago, Illinois 60610</td>
<td></td>
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<tr>
<td>Payee: Thoracic and Cardiovascular Specialists Medical Group</td>
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<tr>
<td>Kevin C. Reily, M.D.</td>
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<td>13,750</td>
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<tr>
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</tr>
<tr>
<td>Payee:</td>
<td></td>
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</tr>
<tr>
<td>J. James Rohack, M.D.</td>
<td>Trustee through</td>
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<tr>
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<tr>
<td>Chicago, Illinois 60610</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payee: Scott &amp; White Clinic</td>
<td>Chair through</td>
<td></td>
<td></td>
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<tr>
<td>Cecil B. Wilson, M.D., P.A.</td>
<td>Trustee</td>
<td>74,175</td>
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<tr>
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<td></td>
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<tr>
<td>Chicago, Illinois 60610</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
<td>$2,689,640</td>
<td>$117,000</td>
<td>$68,579</td>
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</table>

Note 1: The Trustees and the Officers of the House of Delegates attended seven Board of Trustees meetings and two House of Delegates meetings in 2004 and also attended special meetings and other functions, as necessary.

Note 2: This column includes current compensation as well as any payments of previously deferred compensation.
## Part II, Line 42 and Part V, Line 57: Depreciation, Depreciable Assets and Accumulated Depreciation

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>Date Acquired</th>
<th>Beginning Balance Cost</th>
<th>Additions</th>
<th>Removals</th>
<th>Other (Note 2)</th>
<th>PART V, LINE 57 Cost</th>
<th>Approximate Annual Rate Depreciation</th>
<th>Accumulated Depreciation @ 12/31/2003</th>
<th>Retirement</th>
<th>Other (Note 2)</th>
<th>PART II, LINE 42 Provision For Current Year (Note 1)</th>
<th>Accumulated Depreciation @ 12/31/2004</th>
<th>PART V LINE 57 Accumulated Depreciation</th>
<th>Accumulated Depreciation Undepreciated Cost @ 12/31/2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>Various</td>
<td>13,855,010</td>
<td>(65,270)</td>
<td>(1,050,789)</td>
<td>12,129,551</td>
<td>10% 12,388,813</td>
<td>285,038</td>
<td>(85,038)</td>
<td>(1,039,377)</td>
<td>10,949,438</td>
<td>1,150,113</td>
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<tr>
<td>Cafeteria Equipment</td>
<td>*</td>
<td>250,662</td>
<td>8,517</td>
<td>(56,228)</td>
<td>191,251</td>
<td>10% 198,039</td>
<td>16,425</td>
<td>-</td>
<td>(68,228)</td>
<td>146,236</td>
<td>45,015</td>
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<tr>
<td>Automobiles</td>
<td>*</td>
<td>58,175</td>
<td>-</td>
<td>58,175</td>
<td>33% 25,182</td>
<td>11,635</td>
<td>36,817</td>
<td>21,358</td>
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<tr>
<td>Office Equipment</td>
<td>*</td>
<td>3,843,812</td>
<td>169,838</td>
<td>(30,526)</td>
<td>(1,524,083)</td>
<td>2,259,041</td>
<td>10% 3,388,800</td>
<td>96,534</td>
<td>(30,226)</td>
<td>(1,524,083)</td>
<td>1,931,823</td>
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<tr>
<td>Word Processing Equipment</td>
<td>*</td>
<td>7,149</td>
<td>(7,149)</td>
<td>-</td>
<td>17% 7,149</td>
<td>-</td>
<td>-</td>
<td>(7,149)</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Word Processing Software</td>
<td>*</td>
<td>97,152</td>
<td>(97,152)</td>
<td>-</td>
<td>20% 97,152</td>
<td>-</td>
<td>(97,152)</td>
<td>-</td>
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<tr>
<td>Telecommunications Equipment</td>
<td>*</td>
<td>3,285,303</td>
<td>(301,703)</td>
<td>2,983,600</td>
<td>20% 3,039,483</td>
<td>90,340</td>
<td>-</td>
<td>(301,703)</td>
<td>2,828,100</td>
<td>165,500</td>
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<tr>
<td>Convention Equipment</td>
<td>*</td>
<td>68,476</td>
<td>-</td>
<td>68,476</td>
<td>20% 57,357</td>
<td>6,080</td>
<td>-</td>
<td>63,437</td>
<td>3,039</td>
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<tr>
<td>Computer And Related Equipment</td>
<td>*</td>
<td>48,722,933</td>
<td>1,370,320</td>
<td>(728,700)</td>
<td>(18,898,344)</td>
<td>30,456,189</td>
<td>20% 45,081,065</td>
<td>1,662,523</td>
<td>(728,700)</td>
<td>(18,898,344)</td>
<td>28,116,524</td>
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<tr>
<td>Computer Software</td>
<td>*</td>
<td>59,805,520</td>
<td>1,348,885</td>
<td>(4,428,132)</td>
<td>56,726,273</td>
<td>33% 50,265,653</td>
<td>4,569,762</td>
<td>(4,428,132)</td>
<td>90,807,283</td>
<td>6,218,960</td>
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<td>Corporate Art (Note 1)</td>
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<td>848,569</td>
<td>-</td>
<td>848,569</td>
<td>N/A</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>848,569</td>
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<td>Leasesthold Improvements</td>
<td>*</td>
<td>21,809,739</td>
<td>61,907</td>
<td>-</td>
<td>4% 21,871,649</td>
<td>985,760</td>
<td>-</td>
<td>-</td>
<td>13,157,956</td>
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<tr>
<td>Work In Process - Software Development</td>
<td>*</td>
<td>265,651</td>
<td>(265,651)</td>
<td>-</td>
<td>N/A</td>
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<td>-</td>
<td>265,651</td>
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<td>Blindery Equipment</td>
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<td>46,070</td>
<td>-</td>
<td>(32,180)</td>
<td>14,710</td>
<td>20% 42,268</td>
<td>1,691</td>
<td>(32,180)</td>
<td>-</td>
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<td>152,773,821</td>
<td>2,693,916</td>
<td>(844,496)</td>
<td>(27,007,760)</td>
<td>127,615,481</td>
<td>127,860,847</td>
<td>7,729,918</td>
<td>(843,964)</td>
<td>(25,095,349)</td>
<td>107,749,452</td>
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</table>

Note 1 - All depreciation is provided on straight-line basis.
Note 2 - Write off of fully depreciated assets - prior year retirements.
<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>BUS CODE</th>
<th>UNRELATED BUSINESS INC</th>
<th>EXCL CODE</th>
<th>EXCLUDED AMOUNT</th>
<th>RELATED OR EXEMPT FUNCTION INCOME</th>
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<tbody>
<tr>
<td>Subscription Advertising</td>
<td>541800</td>
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<td>3,187,975.</td>
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<td>United States Adoptive Name Program</td>
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<td><strong>To Form 990, Part VII, Line 93</strong></td>
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<td><strong>50,010,921.</strong></td>
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<td>DESCRIPTION</td>
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<td>UNRELATED BUSINESS INC</td>
<td>EXCL CODE</td>
<td>EXCLUDED AMOUNT</td>
<td>RELATED OR EXEMPT FUNCTION INCOME</td>
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TO FORM 990, PART VII, LINE 103
### Form 990

**Part IX - Information Regarding Taxable Subsidiaries and Disregarded Entities**

#### Name of Corporation, Partnership or Disregarded Entity

**AMA SERVICES, INC., 515 N. STATE ST., CHICAGO, IL 60610 36-3229022**

**Address**

<table>
<thead>
<tr>
<th>Employer ID Number</th>
<th>Percent Owned</th>
<th>Nature of Activities</th>
<th>Total Income</th>
<th>End-of-Year Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.00%</td>
<td>HOLDING COMPANY BUSINESS &amp; PERSONAL SVCS</td>
<td>9,416,164.</td>
<td>41,860,215.</td>
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</table>

#### Name of Corporation, Partnership or Disregarded Entity

**AMERICAN MEDICAL ASSURANCE CO., 515 N. STATE ST. CHICAGO IL 60610 36-2874262**

**Address**

<table>
<thead>
<tr>
<th>Employer ID Number</th>
<th>Percent Owned</th>
<th>Nature of Activities</th>
<th>Total Income</th>
<th>End-of-Year Assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>100.00%</td>
<td>BUSINESS SERVICES REINSURANCE COMPANY</td>
<td>232,501.</td>
<td>4,088,422.</td>
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</table>
LINE  EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A  SUBSCRIPTIONS FOR PUBLICATIONS WHICH DISSEMINATE MEDICAL
     INFORMATION AND PROVIDE EDUCATIONAL BENEFIT TO MEMBERS, NON-
     MEMBERS AND OTHER IN THE MEDICAL COMMUNITY.

93C  EDUCATIONAL PROGRAMS ARE PROVIDED IN ORDER TO MEET THE NEEDS OF
     THE MEDICAL INFORMATION AND SCIENTIFIC COMMUNITIES.

93D  SERVICES TO PHYSICIANS INCLUDE INFORMATIONAL WORKSHOPS,
     PHYSICIAN PLACEMENT SERVICES AND RECOGNITION AWARDS, WHICH
     ENABLE THE PHYSICIAN TO ENHANCE HIS EFFECTIVENESS, AS WELL AS
     THE RECOGNITION OF COMPLETION OF CONTINUING EDUCATION
     REQUIREMENTS.

93E1 INCOME FROM PRIVATE SOURCES INCLUDES FUNDS RECEIVED FROM
     PRIVATE INSTITUTIONS IN ORDER TO PRODUCE INFORMATIONAL AND
     EDUCATIONAL PROGRAMS AND PROJECTS THAT BENEFIT BOTH THE
     ORGANIZATION AND SOCIETY IN GENERAL.

93E2 BULK REPRINT ACTIVITIES INCLUDES BULK SALES OF REPRINTS OF
     PREVIOUSLY PUBLISHED ARTICLES. REPRINT ORDERS ARE COMMISSIONED
     BY COMMERCIAL ENTERPRISES, AND ARE USED FOR REFERENCE AND
     EDUCATIONAL PURPOSES. THESE REPRINTS CONTAIN ONLY EDITORIAL
     CONTENT.

93E3 CREDENTIALING REVENUE INCLUDES FEES FOR VERIFYING PHYSICIAN
     CREDENTIALS TO HEALTH CARE PROVIDERS.

93E4 UNITED STATES ADOPTIVE NAME PROGRAM - JOINT PROGRAM WITH THE FOOD AND
     DRUG ADMINISTRATION TO DISTRIBUTE MEDICAL INFORMATION CONCERNING DRUGS

93EF ONLINE CODING FEES - REVENUE FROM DATABASE OF MEDICAL PROCEDURE CODES

93G FEES FROM GOVERNMENT AGENCIES ARE RECEIVED FOR INFORMATIONAL AND
     EDUCATIONAL PROGRAMS AND PROJECTS THAT BENEFIT BOTH THE
     MEMBERSHIP AND SOCIETY IN GENERAL.

94 MEMBERSHIP DUES ALLOW MEMBERS TO BENEFIT FROM THE
     REPRESENTATIONAL EFFORTS AND ACTIVITIES OF THE AMA, AS WELL AS
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102 GROSS PROFIT FROM SALES OF INVENTORY INCLUDES FROM THE SALES OF
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103D CAFETERIA INCOME FROM CASH REGISTER SALES

103E LITIGATION SUPPORT FUND FOR THE MEDICAL PROFESSION

103F LEASE EXPENSE REBATE

103G MISC. REVENUE RELATED TO THE AMA'S EXEMPT PURPOSES

103H VARIOUS TAX REFUND

103I CONTRACT PAYMENTS

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103K OTHER RECOVERIES

103L PRINT SHOP SALES
American Medical Association  
FIN: 36-0727175  
Year Ended December 31, 2004  
Form 990, Part VI, Line 77 - Conformed Copy of New Bylaws

I hereby certify, under penalty of perjury, that, to the best of my knowledge and belief,  
the attached copy of the Amended Bylaws for the American Medical Association is a  
complete and accurate copy of the original document.

[Signature]  
[Date]

EXECUTIVE VICE-PRESIDENT & CEO

Officer Title
Constitution
And Bylaws
Of the
American Medical Association

July 2005

American Medical Association
515 North State Street
Chicago, Illinois 60610
Constitution

Article I    Title and Definition

The name of this organization is the American Medical Association. It is a federacy of its state associations.

Article II   Objects

The objects of the Association are to promote the science and art of medicine and the betterment of public health.

Article III  State Associations

Constituent or state associations are those recognized medical associations of states, commonwealths, territories or insular possessions which are, or which may hereafter be, federated to form the American Medical Association.

Article IV   Component Societies

Component societies are those county or district medical societies contained within the territory of and chartered by the respective state associations.

Article V    Members

The American Medical Association is composed of individual members of state associations and others as shall be provided in the Bylaws.

Article VI   House of Delegates

The legislative and policy-making body of the Association is the House of Delegates composed of elected representatives and others as provided in the Bylaws. The House of Delegates shall transact all business of the Association not otherwise specifically provided for in this Constitution and Bylaws and shall elect the general officers except as otherwise provided in the Bylaws.

Article VII  General Officers

The general officers of the Association shall be a President, President-Elect, Immediate Past President, Secretary, Speaker of the House of Delegates, Vice Speaker of the House of Delegates and sixteen Trustees, including a Young Physician member, a Resident Physician member, a Medical Student member and a Public (Non-Physician) member. Their qualifications and terms of office shall be provided in the Bylaws.
Article VIII  Trustees

The Board of Trustees is composed of twenty-one members, fifteen Trustees elected by the House of Delegates, including a Young Physician member, a Resident Physician member and a Public (Non-Physician) member, a Medical Student member elected by the Medical Student Section Assembly, the President, President-Elect and Immediate Past President of the Association, the Speaker of the House of Delegates and the Vice Speaker of the House of Delegates. It shall have charge of the property and financial affairs of the Association and shall perform such duties as are prescribed by law governing directors of corporations or as may be prescribed in the Bylaws.

Article IX  Scientific Assembly

The Scientific Assembly of the American Medical Association is the convocation of its members for the presentation and discussion of subjects pertaining to the science and art of medicine.

Article X  Conventions

The House of Delegates shall meet annually and at such other times as deemed necessary or as provided in the Bylaws, in cities or places selected by the Board of Trustees. The Scientific Assembly shall meet at such times as the Board of Trustees deems necessary, or as provided in the Bylaws, in cities or places selected by the Board of Trustees.

Article XI  Funds, Dues and Assessments

Funds may be raised by annual dues or by assessment on the Active Members on recommendation by the Board of Trustees and after approval by the House of Delegates, or in any other manner approved by the Board of Trustees as provided in the Bylaws.

Article XII  Amendments

The House of Delegates may amend this constitution at any convention provided the proposed amendment shall have been introduced at the preceding convention and provided two-thirds of the voting members of the House of Delegates registered at the convention at which action is taken, vote in favor of such amendment.
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Glossary

This document includes all amendments approved by the House of Delegates
through the Annual Meeting, June 2005.
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1.00 Membership


1.11 Active Constituent. Active constituent members are members of constituent associations who are entitled to exercise the rights of membership in their constituent associations, including the right to vote and hold office, as determined by their respective constituent associations and who fulfill at least one of the following requirements:

a. Possess the degree of Doctor of Medicine or its equivalent.
b. Possess an unrestricted license to practice medicine and surgery.
c. Are physicians serving in medical or osteopathic training programs approved by an appropriate accrediting agency, or otherwise eligible to participate in the Resident and Fellow Section as defined in section 7.10.
d. Are medical students enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program.

1.111 Admission. A person eligible for active constituent membership in the American Medical Association becomes a member of the AMA upon certification by the secretary of the constituent association to the Executive Vice President of the AMA, provided there is no disapproval by the Council on Ethical and Judicial Affairs. The Council may consider information pertaining to the character, ethics, professional status and professional activities of the applicant. The Council shall provide by rule for an appropriate hearing procedure to be provided to the applicant.

1.12 Active Direct. Active direct members are those who apply for membership in the American Medical Association directly rather than through a constituent association. Applicants residing in states where the constituent medical association requires all of its members to be members of the AMA are not eligible for this category of membership unless the applicant is serving full time in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service or the Department of Veterans Affairs. Active direct members must fulfill at least one of the following requirements:

a. Possess the degree of Doctor of Medicine or its equivalent.
b. Possess an unrestricted license to practice medicine and surgery.
c. Are physicians serving in medical or osteopathic training programs approved by an
appropriately accrediting agency, or otherwise eligible to participate in the Resident and Fellow Section as defined in sections 7.1412 and 7.1413.

d. Are medical students enrolled in a college of medicine or osteopathy accredited by the Liaison Committee on Medical Education or the American Osteopathic Association.

1.121 Admission. Active direct members are admitted to membership upon application to the Executive Vice President of the American Medical Association, provided that there is no disapproval by the Council on Ethical and Judicial Affairs. The Council may consider information pertaining to the character, ethics, professional status and professional activities of the applicant. The Council shall provide by rule for an appropriate hearing procedure to be provided to the applicant.

1.1211 Notice. The American Medical Association shall immediately notify each constituent association of the name and address of those applicants for active direct membership residing within its jurisdiction.

1.1212 Objections. Objections to applicants for active direct membership must be received by the Executive Vice President of the American Medical Association within forty-five (45) days of receipt by the constituent association of the notice of the application for such membership. All objections will immediately be referred to the Council on Ethical and Judicial Affairs for prompt disposition pursuant to the rules of the Council on Ethical and Judicial Affairs.

1.122 Rights and Privileges. Active constituent and active direct members are entitled to receive the Journal of the American Medical Association, American Medical News and such other publications as the Board of Trustees may authorize.

1.123 Dues and Assessments. Active constituent and active direct members are liable for such dues and assessments as are determined and fixed by the House of Delegates.

1.1231 Active Constituent Members. Active constituent members shall pay their annual dues to the constituent associations for transmittal to the Executive Vice President of the American Medical Association, except as may be otherwise arranged by the Board of Trustees.

1.1232 Active Direct Members. Active direct members shall pay their annual dues directly to the Executive Vice President of the AMA.

1.1233 Exemptions. Upon request, active constituent and active direct members may be exempt from the payment of dues on January 1 following their sixty-fifth birthday, provided that they are fully retired.
from the practice of medicine. Additionally, the Board of Trustees may excuse members from payment of dues to alleviate financial hardship or because of forced retirement from medical practice due to physical disability. The Board of Trustees shall establish appropriate standards and procedures for granting all dues exemptions. Members who were exempt from payment of dues based on age and retirement under Bylaw provisions applicable in prior years shall be entitled to maintain their dues-exempt status in all subsequent years. Dues exemptions for financial hardship or disability shall be reviewed annually.

1.1234 Delinquency. Members are delinquent if their dues and assessments are not received by March 1 of the year for which they are prescribed, and shall forfeit their membership in the AMA if such delinquent dues and assessments are not received by the AMA within thirty (30) days after a notification to the delinquent member has been made on or following the March 1 delinquency date.

1.13 Affiliate Members. Persons who belong to one of the following classes may become affiliate members:

a. Physicians in foreign countries who have attained distinction in medicine and who are members of their national medical society or such other medical organization as will verify their professional credentials.

b. American physicians located in foreign countries or in possessions of the United States who are engaged in medical missionary, educational or philanthropic endeavors.

c. Dentists who hold the degree of D.M.D. or D.D.S. who are members of the American Dental Association and their state and local dental societies.

d. Pharmacists who are active members of the American Pharmaceutical Association.

e. Teachers of medicine or of the sciences allied to medicine who are citizens of the United States and are ineligible for active membership.

f. Individuals engaged in scientific endeavors allied to medicine and others who have attained distinction in their fields of endeavor but who are not eligible for other categories of membership.

1.131 Admission. Membership is conferred by majority vote of the House of Delegates following nomination by the Council on Ethical and Judicial Affairs. Nominations for d, e, and f must also be approved by the appropriate component and constituent medical society. The election of affiliate members shall take place at a time recommended by the Committee on Rules and Credentials and approved by the House of Delegates.

1.132 Rights and Privileges. Affiliate members may attend American Medical Association meetings but may not vote, hold office or receive publications of the AMA except by subscription.
1.133 **Dues and Assessments.** Affiliate members are not subject to dues or assessments.

1.14 **Honorary Members.** Physicians of foreign countries who have achieved preeminence in the profession of medicine and who attend a meeting of the House of Delegates of the American Medical Association may be honorary members of the AMA.

1.141 **Admission.** The election of honorary members upon nomination by the Board of Trustees shall take place at a time recommended by the Committee on Rules and Credentials and approved by the House at the Annual or Interim Meeting. Not more than three (3) honorary members shall be elected at any meeting except on special recommendation of the Board of Trustees and the unanimous vote of the House.

1.142 **Rights and Privileges.** Honorary members may attend AMA meetings but may not vote, hold office or receive publications of the AMA except by subscription.

1.143 **Dues and Assessments.** Honorary members are not subject to dues or assessments.

1.15 **International Members.** Physicians who have graduated from medical schools located outside of the United States and its territories and are ineligible for Active Constituent or Active Direct membership and who can fulfill and document the following requirements:

- Graduation from a medical school listed in the World Health Organization Directory.
- Possession of a valid license in good standing in the country of graduation or practice location documented by one of the following.

  - (i) verification that the applicant is an international member of a national medical specialty society seated in the House of Delegates that has a procedure to verify the applicant’s educational credentials;
  - (ii) certification from the national medical association in the country of practice attesting to the applicant’s valid authorization to practice medicine without limitation; or
  - (iii) certification from the registry or licensing authority of the country of practice attesting to the applicant’s valid license in good standing.

1.151 **Admission.** International members are admitted to membership upon application to the Executive Vice President of the American Medical Association, provided that the completed application is accompanied by the required documentation. The Council on Ethical and Judicial Affairs shall provide by rule for an appropriate hearing procedure to be provided to the applicant should denial of membership be based upon information pertaining to the applicant’s character, ethical conduct or professional status.
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1.152 Rights and Privileges. International members are entitled to receive the English edition of the Journal of the American Medical Association and such other benefits as the Board of Trustees may authorize. International members may attend AMA meetings, but may not vote or hold an elective position.

1.153 Dues and Assessments. International members shall be subject to dues as established by the Board of Trustees, but shall not be subject to assessments.

1.20 Maintenance of Membership. A member may hold only one type of membership in the American Medical Association at any one time. Membership may be retained only as long as the member complies with the provisions of the Constitution and Bylaws and Principles of Medical Ethics of the AMA.

1.30 Transfer of Membership. Members of the American Medical Association, except members serving full time in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service or the Department of Veterans Affairs, who move to a jurisdiction in which the constituent medical association requires that all members of the constituent association be members of the AMA, must apply for membership in the constituent association within one year after moving into the jurisdiction in order to continue membership in the AMA. Unless membership in the constituent association has been granted within two years after application, membership in the AMA shall cease.

1.40 Termination of Membership. Upon official notification to the American Medical Association that an active constituent member is not in good standing in a constituent association, such member shall cease to be a member of the AMA, subject to the member’s right of appeal as provided in 1.613.

1.50 Discrimination. Membership in any category of the American Medical Association or in any of its constituent associations shall not be denied or abridged because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, age, or for any other reason unrelated to character or competence. Nor shall membership in any category of the AMA or in any of its constituent associations be denied to any person who meets the requirements for membership as set forth in these Bylaws and in the bylaws of the applicant’s respective constituent association. In considering applicants for membership, information as to the character, ethics, professional status and professional activities of the individual may be considered.

1.60 Discipline.

1.61 Active Constituent Members.

1.611 The Council on Ethical and Judicial Affairs, after due notice and hearing may censure, suspend or expel an active constituent member from the American Medical Association for an infraction of the Constitution or these Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.
1.612 In addition to the disciplinary action referred to in 1.611, active constituent members may be subject to the following disciplinary actions:

1.6121 Actions under the constitution and bylaws of the component society and constituent association to which the member belongs.

1.6122 A request from the constituent association to which a member belongs for the AMA to take disciplinary action.

1.6123 A request by the AMA to the constituent association to which the member belongs to consent to disciplinary proceedings by the AMA.

1.613 Appeals.

1.6131 All disciplinary actions by a component society or a constituent association against a member may be appealed to the Council on Ethical and Judicial Affairs of the American Medical Association on questions of law and procedure only, but not on questions of fact.

2.00 House of Delegates

2.10 Composition and Representation. The House of Delegates is composed of delegates selected by constituent associations and other delegates as defined in 2.12 and 2.13.

2.101 Qualification of Members of the House of Delegates. Members of the House of Delegates must be active members of the American Medical Association.

2.102 Representation. The representational role of the AMA delegates is multi-dimensional and includes:

a. Advocacy for patients to improve the health of the public and the health care system.

b. Representation of the perspectives of the delegate’s sponsoring organization to the AMA House of Delegates.

c. Representation of the delegate’s physician constituents in the decision-making process of the House of Delegates.
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d. Representation of the AMA and the House of Delegates to physicians, medical associations and others.
e. Solicitation of input from and provision of feedback to constituents.

2.1021 Consideration. In considering business, delegates should take into consideration the perspectives of their patients, their sponsoring organizations, and their physician constituents. In voting on matters before the House of Delegates, AMA delegates should vote on the basis of what is best for patients and quality medical care.

2.11 Constituent Associations. Each constituent association is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seats as may be provided under 2.112.

2.111 Apportionment. The apportionment of delegates from each constituent association is one delegate for each one thousand (1,000), or fraction thereof, active constituent and active direct members of the American Medical Association within the jurisdiction of each constituent association, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

2.1111 Effective Date. Such apportionment shall take effect the ensuing January 1 and shall remain effective for one year thereafter. In January of each year the Executive Vice President of the American Medical Association shall notify each constituent association of the number of seats in the House of Delegates to which it is entitled during the current year. Notwithstanding the foregoing requirements, the apportionment of delegates from each constituent association shall not be less that the 2003 apportionment while the specialty organization delegate apportionment freeze set forth in bylaw 2.124 is in effect.

2.1111 Retention of Delegate. Commencing on the expiration of the apportionment freeze, if the membership information as recorded in the Office of the Executive Vice President of the American Medical Association on December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, but only if it promptly files with the Office of the Executive Vice President of the AMA a written plan of intensified AMA membership development activities among its members.

2.1112 Unified Membership. A constituent association that adopts bylaw provisions requiring all members of the constituent association to be
members of the AMA shall not suffer a reduction in the number of
deleagtes allocated to it by apportionment during the first two (2) years in
which the unified membership bylaw provisions are implemented.

2.112 Additional Delegates. A constituent association shall be entitled to an
additional delegate and alternate delegate in the House of Delegates if seventy-
five percent (75%) or more of its members are confirmed as members of the
American Medical Association. A constituent association shall be entitled to two
(2) additional delegates and alternate delegates in the House of Delegates if all of
its members are also members of the AMA. No constituent association shall be
entitled to more than two (2) additional delegates and alternate delegates under
this section.

2.1121 Effective Date. The additional delegates provided for under 2.112 shall
be based upon membership information recorded in the Office of the
Executive Vice President of the American Medical Association on
December 31 of each year.

2.1122 Retention of Additional Delegate. A constituent association that has
achieved seventy-five percent (75%) or more American Medical
Association membership shall retain the additional delegate only if the
membership information recorded in the Office of the Executive Vice
President of the AMA on each subsequent December 31 confirms that
seventy-five percent (75%) or more of the constituent association's
members are members of the AMA, as provided in these Bylaws. If the
membership information for a constituent association having an
additional delegate pursuant to this section of the Bylaws, as recorded in
the Office of the Executive Vice President of the AMA on December 31,
indicates that less than seventy-five percent (75%) of the constituent
association's members are members of the AMA, the constituent
association shall be permitted to retain the additional delegate for one
additional year, but only if it promptly files with the Office of the
Executive Vice President of the AMA a written plan of intensified AMA
membership development activities among its members. On the
following December 31, if the membership information for such
constituent association, as recorded in the Office of the Executive Vice
President of the AMA, indicates that for the second successive year less
than seventy-five percent (75%) of the constituent association's members
are members of the AMA, the constituent association shall not be entitled
to retain the additional delegate.

2.1123 Two Additional Delegates. If, on December 31, the membership
information confirms that during that calendar year a constituent
association has adopted bylaw provisions requiring unified membership,
and such unified membership is to be fully implemented within the
following calendar year, the constituent association shall be entitled to
two (2) additional delegates. The constituent association shall retain the
two (2) additional delegates, only if the membership information recorded
in the Office of the Executive Vice President of the American Medical
Association on each subsequent December 31 confirms that all of the
constituent association's members are members of the AMA, as provided
in these Bylaws.

2.1124 Notification. In January of each year the Executive Vice President of
the American Medical Association shall notify each constituent
association of the number of additional delegates to which each
constituent association is entitled.

2.113 Selection. Each constituent association shall select and adjust the number of
delegates and alternate delegates to conform with the number of seats authorized
under 2.111 and 2.112.

2.114 Certification. Presidents or secretaries of constituent associations shall certify,
to the Executive Vice President of the AMA, the delegates and alternate delegates
from their respective associations.

2.115 Autonomy of Constituent Medical Associations. The participation of a
constituent medical association in the House of Delegates is voluntary. Policy
actions of the AMA do not in themselves bind a constituent medical association
or subject it to any obligation that it does not voluntarily assume.

2.12 Other Delegates. Each of the following is eligible to select one delegate and one
alternate delegate: Sections as provided in 7.00; the Surgeons General of the United States
Army, United States Navy, United States Air Force and United States Public Health
Service; the Chief Medical Director of the Department of Veterans Affairs; the National
Medical Association; the American Medical Women's Association; the American
Osteopathic Association; professional interest medical associations; and the Minority
Affairs Consortium. Specialty organizations, as provided in 8.00 and in accordance with
2.124, are eligible to select at least one delegate and alternate delegate. The Medical
Student Section shall also elect delegates and alternate delegates from Medical Student
Regions as provided in 2.16.

2.121 Certification. The president or secretary of each specialty organization as
provided in 8.00, each Section as provided in 7.00, the Surgeons General of the
United States Army, United States Navy, United States Air Force and United
States Public Health Service, the Chief Medical Director of the Department of
Veterans Affairs, the National Medical Association, the American Medical
Women's Association, and the American Osteopathic Association shall certify to
the Executive Vice President of the AMA their respective delegate and alternate
delegate. Delegates and alternate delegates from Medical Student Regions shall
be certified in accordance with 2.164. The delegate and alternate delegate from the Minority Affairs Consortium shall be certified in accordance with 2.173.

2.122 Additional Delegate. A specialty organization that has adopted and implemented bylaw provisions requiring unified membership is entitled to one additional delegate and alternate delegate. Retention of the additional delegate and alternate delegate is dependent upon membership information recorded in the Office of the Executive Vice President of the American Medical Association on December 31 of each year. If, on December 31, the membership information confirms that during the calendar year the specialty organization has adopted bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty organization shall be entitled to the additional delegate and alternate delegate. The specialty organization shall retain the additional delegate only if the membership information recorded in the Office of the Executive Vice President of the AMA on each subsequent December 31 confirms that all of the specialty organization's members are members of the AMA, as provided in these Bylaws.

2.123 Speaker and Vice Speaker. Upon election of the Speaker and Vice Speaker of the House of Delegates from among the members of the House of Delegates, the organizations represented by the delegates elected to be Speaker and Vice Speaker of the House of Delegates shall be entitled to an additional delegate for the term of service of the Speaker and Vice Speaker. The additional delegates so selected shall have the full rights and privileges of delegates in the House of Delegates.

2.1231 Upon their election, the Speaker and Vice Speaker shall continue to be members of the House of Delegates, with all of the rights and privileges of members of the House of Delegates. They shall be entitled to vote in the House of Delegates as provided in Section 4.40 and 4.50 of these Bylaws. The Speaker and Vice Speaker, as members of the House of Delegates, shall be eligible to be nominated for re-election to the office of Speaker and Vice Speaker of the House of Delegates.

2.124 Apportionment of Specialty Organization Delegates. Apportionment of delegates and alternate delegates from each specialty organization represented in the AMA House of Delegates is one delegate and one alternate delegate for each one-thousand (1,000), or fraction thereof, of physician members of the AMA who select that specialty organization to represent the member on the biennial notice returned to the AMA plus fourth year medical students who are members of the AMA who select that specialty organization to represent the member on the biennial notice returned to the AMA. Notwithstanding the foregoing requirements, the apportionment of delegates and alternate delegates in effect for 2003 from each specialty organization represented in the AMA House of Delegates in 2003 shall remain in effect until December 31, 2005. The delegates
eligible for seating in the House of Delegates by apportionment are in addition to the additional delegate and alternate delegate authorized for unified specialty organizations meeting the requirements of 2.122.

2.13 Ex-Officio Members. The current General Officers (except Speaker and Vice Speaker), the Past Presidents, Past Vice Presidents, Past Trustees of the American Medical Association and the Chairs of Councils of the AMA who are not delegates shall be ex-officio members of the House of Delegates.

2.131 Rights and Privileges. Ex-officio members have the right to speak and debate on the floor of the House of Delegates, but do not have the right to introduce business, introduce an amendment, make a motion or vote.

2.14 Alternate Delegates. Each constituent association, the specialty organizations, as provided in 8.00, the Sections as provided in 7.00, the Minority Affairs Consortium, the Medical Student Regions as provided in 2.16, the National Medical Association, the American Medical Women's Association, the American Osteopathic Association, the Surgeons General of the United States Army, United States Navy, United States Air Force, United States Public Health Service, and the Chief Medical Director of the Department of Veterans Affairs may select an alternate delegate for each delegate entitled to be seated in the American Medical Association House of Delegates.

2.141 Qualifications. Alternate delegates must be active members of the American Medical Association.

2.142 Certification. Alternate delegates shall be certified to the Executive Vice President of the American Medical Association in the same manner as delegates.

2.143 Term. Alternate delegates shall be selected for a two-year term, and shall assume office on January 1 of the year succeeding their selection, unless otherwise provided in these Bylaws.

2.144 Vacancies. Alternate delegates selected to fill a vacancy shall assume office immediately after selection and shall serve for the remainder of the vacated term.

2.145 Rights and Privileges. An alternate delegate may substitute for a delegate, on the floor of the House of Delegates, at the request of the delegate by complying with the procedures established by the Committee on Rules and Credentials. While substituting for a delegate, the alternate delegate may speak and debate on the floor of the House, may offer an amendment to a pending matter, make motions and vote, except when the vote is by ballot.

2.146 Other. The alternate delegate is not a "member of the House of Delegates" as that term is used in these Bylaws. Accordingly, an alternate delegate may not introduce resolutions into the House of Delegates, may not vote in any election
conducted by the House of Delegates, nor vote when any matter is to be decided by written ballot. An alternate delegate is not eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates. The alternate delegate must immediately relinquish his or her position on the floor of the House of Delegates upon the request of the delegate for whom the alternate delegate is substituting.

2.15 **Official Observer.** National organizations may apply to the Board of Trustees of the American Medical Association for official observer status in the AMA House of Delegates. Applicants must demonstrate compliance with guidelines for official observers adopted by the House of Delegates, and the Board of Trustees shall make a recommendation to the House of Delegates concerning the application. The House of Delegates will make the final determination on the conferring of official observer status.

2.151 **Rights and Privileges.** Organizations with official observer status are invited to send one representative to observe the actions of the House of Delegates at all meetings of the AMA House of Delegates. Official observers have the right to speak and debate on the floor of the House upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

2.16 **Delegates from Medical Student Regions.** In addition to the delegate and alternate delegate representing the Medical Student Section, medical student delegates and alternate delegates shall be elected utilizing a regional structure. The regional structure consists of seven Medical Student Regions defined as follows:

- **Region 2:** Minnesota, Wisconsin, Nebraska, Iowa, Missouri, Illinois.
- **Region 3:** Kansas, Texas, Oklahoma, Arkansas, Louisiana, Mississippi.
- **Region 4:** Florida, Georgia, Alabama, South Carolina, North Carolina, Tennessee, Puerto Rico.
- **Region 5:** Michigan, Indiana, Ohio, Kentucky, West Virginia.
- **Region 6:** Virginia, Maryland, District of Columbia, Delaware, New Jersey, Pennsylvania.

Each Region is entitled to delegate and alternate delegate representation based on the number of seats allocated to it by apportionment.

2.161 **Qualifications.** Delegates from Medical Student Regions must be active medical student members of the American Medical Association.
2.162 **Apportionment.** The apportionment of delegates for each Medical Student Region is one delegate for each two thousand (2,000) active medical student members of the American Medical Association enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program located within the jurisdiction of each Medical Student Region, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

2.1621 **Effective Date.** In January of each year the Executive Vice President of the American Medical Association shall notify the Medical Student Section Governing Council of the number of seats in the House of Delegates to which each Medical Student Region is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.163 **Election.** To be eligible for election, a medical student member must receive the written endorsement of the constituent association representing the jurisdiction within which such medical student's Liaison Committee on Medical Education or American Osteopathic Association accredited program is located. Delegates and alternate delegates for each Medical Student Region shall be elected by the Medical Student Section in accordance with procedures adopted by said Section. Delegates and alternate delegates shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the House of Delegates. Delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

2.164 **Certification.** The Chair of the Medical Student Section Governing Council shall certify, to the Executive Vice President of the AMA, the delegates and alternate delegates for each Medical Student Region.

2.165 **Evaluation.** The regional structure for adding medical student delegates to the House of Delegates shall be evaluated five years after adoption of these Bylaws.

2.17 **Delegate and Alternate Delegate from the Minority Affairs Consortium.** The Minority Affairs Consortium shall be entitled to representation in the House of Delegates as provided in 2.12.

2.171 **Qualifications.** The delegate and alternate delegate from the Minority Affairs Consortium must be members of the Minority Affairs Consortium.

2.172 **Selection.** The delegate and alternate delegate shall be selected by the Minority Affairs Consortium in accordance with procedures adopted by the Minority Affairs Consortium.
2.173 Certification. The Chair of the Minority Affairs Consortium Governing Council shall certify, to the Executive Vice President of the AMA, the delegate and alternate delegate for the Minority Affairs Consortium.

2.174 Evaluation. Representation of the Minority Affairs Consortium in the House of Delegates shall be evaluated five years after adoption of these Bylaws.

2.20 Terms of Delegates.

2.21 Delegates from Constituent Associations.

2.211 Delegates and alternate delegates from constituent associations shall be selected for two-year terms and assume office on the date set by the constituent association, provided that such seats are authorized pursuant to these Bylaws. Certification of delegates and alternate delegates pursuant to Section 2.114 must occur at least thirty days prior to the Annual or Interim Meeting of the House of Delegates.

2.212 When the number of delegate seats of constituent associations is increased in accordance with 2.111, the delegates and alternate delegates selected to fill vacancies shall assume office immediately after selection and serve during that term.

2.213 Constituent associations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. If necessary to accomplish this proportion, one (1) year terms may be provided but only to the extent and for such time as is necessary to accomplish it.

2.214 Resident/Fellow Physician and Medical Student Delegates. A constituent association may designate one or more of its delegate and alternate delegate seats to be filled by a resident/fellow physician member or a medical student member who is an active member of the American Medical Association.

2.2141 Term. Such resident/fellow physician or medical student delegate or alternate delegate shall serve for a one-year term beginning as of the date of certification of the delegate or alternate delegate by the constituent association to the Executive Vice President of the AMA, as required by Section 2.114.

2.2142 Nothing in section 2.214 and the subsections thereunder shall authorize the early termination of a delegate's or alternate delegate's term in order to create a seat for a resident/fellow physician or medical student member.

2.2143 Nothing in section 2.214 and the subsections thereunder shall preclude a resident/fellow physician or medical student member from being selected
to fill a full two-year term as a delegate or alternate delegate from a constituent association as provided in section 2.211.

2.22 Other Delegates.

2.221 Delegates and alternate delegates from specialty organizations, the National Medical Association, the American Medical Women's Association, the American Osteopathic Association, the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, and the Department of Veterans Affairs, shall be selected for two-year terms, and shall assume office on the date set by the organization or entity to be represented in the House of Delegates. Certification of delegates and alternate delegates pursuant to Section 2.121 must occur at least thirty days prior to the Annual or Interim Meeting of the House of Delegates.

2.2211 Specialty organizations entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. If necessary to accomplish this proportion, one-year terms may be provided but only to the extent and for such time as is necessary.

2.222 The delegate and the alternate delegate from each of the Sections as provided in 7.00 shall be elected as provided in that Section for the term specified therein.

2.223 The delegates selected pursuant to Section 2.123 of these Bylaws to serve in the House of Delegates during the term of service of the Speaker and Vice Speaker shall serve one-year terms consistent with the term of the Speaker and Vice Speaker. The organization represented by the delegate shall determine the tenure of the individual selected to serve.

2.224 Delegates and alternate delegates from Medical Student Regions shall be elected for one-year terms and shall assume office on the date set by the Medical Student Section Governing Council. Certification of delegates and alternate delegates pursuant to Section 2.164 must occur at least thirty days prior to the Annual Meeting of the House of Delegates.

2.225 The delegate and the alternate delegate from the Minority Affairs Consortium shall be selected by the Minority Affairs Consortium for the term specified in its procedures.

2.30 Vacancies. When vacancies occur, the delegate and alternate delegate selected to fill such vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.40 Registration and Seating of Delegates.

2.41 Credentials. Before being seated at any meeting of the House of Delegates, each
delegate or alternate delegate shall deposit with the Committee on Rules and Credentials a certificate signed by the president or secretary of the constituent association, or of the specialty organization as provided in 8.00, or the Section as provided in 7.00, or the Medical Student Section Governing Council as provided in 2.164, or the Minority Affairs Consortium Governing Council as provided in 2.173, or the National Medical Association, or the American Medical Women's Association, or the American Osteopathic Association, or the Surgeon General of the respective government service, or the Chief Medical Director of the Department of Veterans Affairs stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.

2.42 Lack of Credentials. A delegate or alternate delegate may be seated without the certificate defined in 2.41 provided proper identification as the delegate or alternate delegate selected by the respective constituent association, specialty organization, service, section, or other organization is established, and so certified to the Executive Vice President of the American Medical Association.

2.43 Substitute. When a delegate or alternate delegate is unable to attend an Annual or Interim Meeting of the House of Delegates, the appropriate authorities of the constituent association, specialty organization, service or section concerned, or other entity represented in the House of Delegates may appoint a substitute delegate or alternate delegate, who on presenting proper credentials shall be eligible to serve as such delegate or alternate delegate in the House of Delegates at that meeting.

2.431 Temporary Substitute Delegate. A delegate whose credentials have been accepted by the Committee on Rules and Credentials and whose name has been placed on the roll of the House of Delegates shall remain a delegate until final adjournment of that meeting of the House of Delegates. However, if the delegate is not able to remain in attendance, that delegate's place may be taken during the period of absence by an alternate delegate, or a substitute alternate delegate selected in accordance with 2.43 if an alternate delegate is not available. The person who takes the place of the delegate must comply with the formal recredentialing procedures established by the Committee on Rules and Credentials for such purpose, and shall be known as a temporary substitute delegate. Such temporary substitute delegate shall have all of the rights and privileges of a delegate while serving as a temporary substitute delegate, including the right to vote by ballot and to vote in any election conducted by the House of Delegates. The temporary substitute delegate shall not be eligible for nomination or election as Speaker or Vice Speaker of the House of Delegates.

2.44 Constituent Association President. The current president of a constituent medical association may also be certified as an additional alternate delegate at the discretion of each constituent medical association.

2.45 Representation. No delegate or alternate delegate may be registered or seated at any meeting to represent more than one organization in the House of Delegates.
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2.46 Medical Student Seating. Each delegate from Medical Student Regions shall be seated with the constituent association representing the jurisdiction within which such delegate's Liaison Committee on Medical Education or American Osteopathic Association accredited program is located.

2.50 Procedure.

2.51 Order of Business. The following shall be the general order of business at all meetings of the House of Delegates:

a. Call to order by the Speaker
b. Invocation
c. Report of the Committee on Rules and Credentials
d. Presentation, correction and adoption of the minutes
e. Reports of officers
f. Reports of committees
g. Unfinished business
h. New business

At any meeting, the house, by majority vote, may change the order of business.

2.52 Privilege of the Floor. The House of Delegates, by a two-thirds vote of those present and voting, may extend to any person an invitation to address the House.

2.53 Introduction of Business.

2.531 Resolutions. To be considered as regular business, each resolution must be introduced by a voting delegate and must have been submitted to the Headquarters Office of the AMA not later than thirty (30) days prior to the commencement of the session at which it is to be considered, with the following exceptions.

2.5311 A constituent society, specialty organization, or other entity represented in the House of Delegates whose House of Delegates or comparable policy making body adjourns during or one week preceding thirty (30) days prior to commencement of a meeting of the American Medical Association House of Delegates is allowed seven (7) days after the close of its meeting to submit resolutions to the headquarters office of the AMA. In no event, however, may such resolutions be received later than noon of the day before the opening meeting of the AMA House of Delegates. The presiding officer of the constituent society, specialty organization, or other entity shall certify that the resolution was adopted at its just concluded meeting and that the body directed that the resolution be submitted to the AMA House of Delegates.
2.5312 Resolutions presented from the business meetings of the Sections as provided in 7.00 may be presented for consideration by the House of Delegates at any time before the close of business on the day preceding the final day of the meeting.

2.5313 Resolutions not properly qualified and accepted pursuant to 2.531 or 2.5311 may be presented by a voting delegate any time prior to the final day of a meeting, but will be accepted for consideration by the House of Delegates only upon two-thirds vote of delegates present and voting.

2.5314 Resolutions submitted pursuant to 2.531, 2.5311, 2.5312, and 2.5313 shall be accepted as business of the AMA upon presentation by the Speaker of the House, unless there is formal objection to consideration that is sustained by the House.

2.5315 On the final day of a meeting, voting delegates may present resolutions of an emergency nature which shall be accepted pursuant to 2.552.

2.532 Reports of Board of Trustees. Reports, recommendations, resolutions or other new business, may be presented by the Board of Trustees at any time during a meeting.

2.533 Reports of Councils. Reports, opinions or recommendations from a council of the AMA or a special committee of the House of Delegates may be presented at any time before the close of business on the day preceding the final day of a meeting.

2.534 Informational Reports of Sections. Informational reports may be presented by the Sections on an annual basis.

2.54 Referral to Reference Committee. Reports, recommendations, resolutions or other new business presented before the close of business on the day preceding the final day of a session shall be referred to an appropriate reference committee for hearings and report.


2.551 Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting shall not be referred to a reference committee, but favorable action shall require an affirmative vote of three-fourths of all delegates present and voting.

2.552 Emergency Resolutions. Resolutions of an emergency nature presented by voting delegates on the final day of a meeting shall be referred by the Speaker to an appropriate reference committee, which shall then report to the House of Delegates as to whether the matter involved is or is not of an emergency nature.
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2.5521 If the reference committee reports that the matter is of an emergency nature, it shall be presented to the House without further consideration by a reference committee. Favorable action shall require the affirmative vote of three-fourths of all delegates present and voting.

2.5522 If the reference committee reports that the matter is not of an emergency nature, the Speaker shall defer its introduction until the next meeting of the House of Delegates.

2.56 Quorum. A majority of the voting members of the House of Delegates Official Call shall constitute a quorum.

2.60 Meetings of the House of Delegates

2.61 Regular Meetings of the House of Delegates. The House of Delegates shall meet twice annually, at an Annual Meeting and an Interim Meeting.

2.611 Business of Interim Meeting. The business of an Interim Meeting shall be focused on advocacy and legislation. Resolutions pertaining to ethics, and opinions and reports of the Council on Ethical and Judicial Affairs, may also be considered at an Interim Meeting. Other business requiring action prior to the following Annual Meeting may also be considered at an Interim Meeting. In addition, any other business may be considered at an Interim Meeting upon majority vote of delegates present and voting.

2.62 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on written request of twenty-five (25) or more delegates acting for, or in the name of, not less than one-third of the constituent associations, or on request of a majority of the Board of Trustees. When a special meeting is called, the Executive Vice President of the AMA shall mail a notice to the last known address of each member of the House of Delegates at least twenty (20) days before the special meeting is to be held. The notice shall specify the time and place of meeting and the purpose for which it is called, and the House of Delegates shall consider no business except that for which the meeting is called.

2.63 Locations. The House of Delegates shall meet in cities selected by the Board of Trustees.

2.631 Invitation from Constituent Medical Association. A constituent association desiring a meeting within its borders shall submit an invitation in writing, together with significant data, to the Board of Trustees. The dates and the city selected may be changed by action of the Board of Trustees at any time, but not later than sixty (60) days prior to the dates selected for that meeting.
2.64 Meetings.

2.641 Open. The House of Delegates may meet in an open meeting to which any person may be admitted. By majority vote of the delegates present, an open meeting may be moved into either a closed or an executive meeting.

2.642 Closed. A closed meeting shall be restricted to members of the American Medical Association, and to such employees of the AMA, constituent associations and component medical societies.

2.643 Executive. An executive meeting shall be limited to the members of the House of Delegates as defined in 2.10 and to such employees of the AMA necessary for its functioning.

2.70 Committees of the House of Delegates. The following committees are hereby provided:

- Reference Committees of the House of Delegates
- Resolution Committee
- Committee on Rules and Credentials
- Committee on Compensation of the General Officers
- Selection Committee for the Public Member of the Board of Trustees,
- Special Committees of the House of Delegates, and
- Other Committees.

2.71 Reference Committees of the House of Delegates.

2.711 Enumeration. The following reference committees are hereby provided:

2.7111 Amendments to the Constitution and Bylaws. All proposed amendments to the Constitution or Bylaws, and matters pertaining to the Principles of Medical Ethics of the American Medical Association shall be referred to this committee.

2.7112 Additional Reference Committees. Such additional reference committees are provided, as may be required to consider the items of business before the House of Delegates. Additional reference committee business relating to a particular subject shall, as nearly as possible, be referred to the same Reference Committee.

2.712 Appointment. The Speaker shall appoint the Chair and other members of the reference committees. Membership on reference committees is restricted to delegates and alternate delegates.

2.713 Size. Each reference committee shall consist of seven members, unless otherwise provided.
2.714 Term. These committees shall serve only during the meeting at which they are appointed, unless otherwise directed by the House of Delegates.

2.715 Organization.

2.7151 Consideration of Business. Each reference committee shall convene whenever necessary. It shall consider business referred to it and report to the House of Delegates.

2.7152 Quorum. A majority of the members of each committee shall constitute a quorum.

2.7153 Request Witnesses. Reference committees may request whomever they wish to appear before them to help formulate their conclusions and recommendations.

2.716 Procedure and Reports.

2.7161 Method. Resolutions, reports, extracted opinions and proposals presented to the House of Delegates shall be referred to appropriate reference committees. The reports of reference committees shall be presented to the House of Delegates before final action may be taken on such resolutions, reports and proposals, unless otherwise provided in these Bylaws, or unless otherwise unanimously ordered by the House of Delegates.

2.7162 Opinions and Reports of the Council on Ethical and Judicial Affairs. The Council on Ethical and Judicial Affairs issues opinions and reports. Opinions will be considered informational and filed. Motions are in order to extract an opinion, and request that the Council reconsider or withdraw the opinion. Reports may be adopted, not adopted or referred, and may be amended for clarification only with the concurrence of the Council.

2.7163 Minority Reports. A member of a reference committee who intends to make a minority report shall not sign the majority report and shall make this intention known to the other members of the reference committee while it is in executive session and prior to the presentation of the majority report to the House of Delegates.

2.7164 Withdrawal of Resolutions. A resolution may be withdrawn by its sponsor at any time prior to its referral to a reference committee. After such referral has been made, the resolution is the property of the House of Delegates. If, in the judgment of the sponsor and of the reference
committee, it appears that withdrawal of the resolution is preferable to presentation for action, the reference committee may recommend withdrawal to the House of Delegates in its report. If the House of Delegates supports this recommendation by a majority vote, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.

2.72 Committee on Rules and Credentials. The Committee on Rules and Credentials is responsible for consideration of all matters relating to the registration and certification of delegates, and is also responsible for proposing rules of conduct and procedure for the orderly transaction of the business of the House of Delegates.

2.721 Appointment. The Speaker shall appoint the Chair and other members of the committee. Membership on this committee is restricted to delegates and alternate delegates.

2.722 Size. The committee shall consist of seven members, unless otherwise provided.

2.723 Term. This committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

2.724 Quorum. A majority of the members of the committee shall constitute a quorum.

2.725 Reports. The report of the committee shall be presented to the House of Delegates at the call of the Speaker.

2.73 Resolution Committee. The Resolution Committee is responsible for reviewing resolutions submitted for consideration at an Interim Meeting and determining compliance of the resolutions with the purpose of the Interim Meeting.

2.731 Appointment. The Speaker shall appoint the members of the committee. Membership on this committee is restricted to delegates.

2.732 Size. The committee shall consist of a maximum of 31 members.

2.733 Term. The committee shall serve only during the meeting at which it is appointed, unless otherwise directed by the House of Delegates.

2.734 Quorum. A majority of the members of the committee shall constitute a quorum.

2.735 Meetings. The committee shall not be required to hold meetings. Action may be taken by written or electronic communications.

2.736 Procedure. A resolution shall be accepted for consideration at an Interim Meeting upon majority vote of committee members voting. The Speaker shall
only vote in the case of a tie. If a resolution is not accepted, it may be submitted for consideration at the next Annual Meeting in accordance with the procedure in Bylaw 2.53.

2.737 Reports. The committee shall report to the Speaker. A report of the committee shall be presented to the House of Delegates at the call of the Speaker.

2.74 Committee on Compensation of the General Officers. The Committee on Compensation of the General Officers shall consist of three members of the House of Delegates responsible for annually recommending the structure, form and level of total compensation of the General Officers as defined in Article VII of the Constitution. The Committee shall not direct the nature of the work of the Board of Trustees, the mechanisms to accomplish the Board’s work, nor the method utilized in designating work assignments.

2.741 Appointment. The Speaker and President jointly shall appoint one member of the Committee on Compensation of the General Officers annually for a three-year term. The Committee shall select its Chair annually.

2.742 Tenure. Members of the Committee on Compensation of the General Officers are eligible for appointment for one three-year term.

2.743 Vacancies. The Speaker and President shall jointly appoint a member of the House of Delegates to fill a vacancy on the Committee for the unexpired term. A member appointed to fill a vacancy of less than eighteen months of the three-year term shall be eligible for appointment to a subsequent three-year term on the Committee.

2.744 Reports. The Committee on Compensation of the General Officers shall present an annual report to the House of Delegates recommending the level of total compensation for the General Officers for the ensuing year subject to approval by the House of Delegates. The report may be adopted, not adopted or referred back to the Committee, and may be amended for clarification only with the concurrence of the Committee.

2.75 Selection Committee for the Public Member of the Board of Trustees. The Selection Committee for the Public Member of the Board of Trustees shall consist of seven members responsible for submitting a nomination for the public member position on the Board of Trustees.

2.751 Appointment. The Speaker shall appoint five members of the House of Delegates as members of the Selection Committee. The Chair of the Board of Trustees shall appoint two Trustees as members of the Selection Committee. The Committee shall select its Chair biennially.
2.752 Term.

2.7521 House of Delegates Members. In 2001, the House of Delegates members shall be appointed in a manner so arranged that at each succeeding Annual Meeting the term of one House of Delegates Member shall expire. In 2002 and thereafter, House of Delegates Members shall be appointed for a term of five years, so arranged that at each Annual Meeting the term of one House of Delegates Member shall expire.

If the House of Delegates Member ceases to be a member of the House of Delegates at any time prior to the expiration of the term for which appointed, the service of such House of Delegates Member on the Selection Committee shall thereupon terminate, and the position shall be declared vacant.

2.7522 Trustee Members. The terms of the Trustee Members shall be determined by the Board of Trustees.

2.753 Tenure. House of Delegates Members are eligible for appointment for two terms. The tenure of the Trustee Members shall be determined by the Board of Trustees.

2.754 Vacancies. If a vacancy occurs in a House of Delegates Member position, the Speaker shall fill the vacancy on the Committee for the unexpired term. A House of Delegates Member appointed to serve an unexpired term shall be regarded as having served one term upon completion of the unexpired term. If a vacancy occurs in a Trustee Member position, the Chair of the Board of Trustees shall fill the vacancy on the Committee.

2.755 Quorum. A majority of the members of the Selection Committee shall constitute a quorum.

2.756 Nomination. The Selection Committee shall submit to the House of Delegates a nomination for the public member position on the Board of Trustees. The initial nomination shall be submitted for consideration at the 2002 Annual Meeting. Subsequent nominations shall be submitted for consideration prior to the expiration of the public member’s term. The nomination shall include the qualifications of the nominee. State medical associations, national medical specialty societies, Sections of the AMA, other organizations represented in the AMA House of Delegates, individual members of the House of Delegates and members of the Board of Trustees may submit the names and qualifications of nominees for consideration by the Selection Committee. The Selection Committee shall solicit nominees and investigate the qualifications of persons considered as nominees.
2.76 Special Committees of the House of Delegates. The House may create special committees for specified terms of one to three years. The number of members, the manner of their appointment and the functions of these Committees shall be in accordance with motions authorizing their appointment. Any active member of the American Medical Association is eligible to serve on a special committee. Members of special committees who are not members of the House of Delegates may present their reports in person to the House of Delegates and may participate in debate thereon, but are not entitled to vote.

2.761 Method of Reporting. Special Committees of the House of Delegates shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Special Committees as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modifications by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

2.77 Other Committees. The Speaker may appoint such other committees as may be desirable for the efficient transaction of business of the House of Delegates.

2.771 Appointment. The Speaker shall appoint the Chair and other members of the committees. Membership on these committees is restricted to delegates and alternate delegates.

2.772 Size. Each committee shall consist of seven members, unless otherwise provided.

2.773 Term. These committees shall serve only during the meeting at which they are appointed, unless otherwise directed by the House of Delegates.

2.774 Quorum. A majority of the members of each committee shall constitute a quorum.

2.775 Reports. The reports of the committees shall be presented to the House of Delegates at the call of the Speaker.

3.00 General Officers

3.10 Designations. The general officers of the Association shall be those specified in Article VII of the Constitution. The public (non-physician) member specified in the Constitution shall be referred to in these Bylaws as the “public member.”

3.20 Qualifications. A general officer, except the public member, must have been an active member of the AMA for at least two years immediately prior to election. The public member shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent, and who is
not a medical student. The Chair of the Board of Trustees is not eligible for election as 
President-Elect until the Annual Meeting following completion of the term as Chair of the Board 
of Trustees. The Speaker and Vice Speaker of the House shall be elected from among the 
members of the House.

3.30 Nominations. Nominations for officers, except for Secretary and the public member of the 
Board of Trustees, shall be made from the floor by a member of the House of Delegates. Where 
candidates for office are unopposed, except for the office of President-Elect, there will be no 
nominating speeches. A nominating speech shall not exceed two minutes.

3.40 Elections.

3.41 Time of Election. Officers of the AMA, except the Secretary and the medical student 
member of the Board of Trustees shall be elected by the House of Delegates at the Annual 
Meeting, except as provided in 3.60 and 3.70. On recommendation of the Committee on 
Rules and Credentials, the House shall set the day and hour of such election by adopting 
an appropriate motion.

3.42 Method of Election. Where there is no contest, a majority vote without ballot shall 
elect. All other elections shall be by ballot.

3.421 Trustees, Other Than the Young Physician Member, the Resident/Fellow 
Physician Member, and the Public Member, to be Elected for Full Four-
Year Term.

3.4211 First Ballot. All nominees for the office of Trustee for a full term of 
four years shall be listed alphabetically on a single ballot. Each elector 
shall have as many votes as the number of Trustees to be elected, and 
each vote must be cast for a different nominee. No ballot shall be 
counted if it contains fewer or more votes than the number of Trustees 
to be elected, or if the ballot contains more than one vote for any nominee. 
A nominee shall be elected if he or she has received a vote on a majority 
of the legal ballots cast and is one of the nominees receiving the largest 
umber of votes within the number of Trustees to be elected.

3.4212 Run-Off Ballot. A run-off election shall be held to fill any vacancy not 
filled because of a tie vote.

3.4213 Subsequent Ballots. If all vacancies for Trustees are not filled on the 
first ballot and three or more Trustees are still to be elected, the number 
of nominees on subsequent ballots shall be reduced to no more than twice 
the number of remaining vacancies less one. The nominees on 
subsequent ballots shall be determined by retaining those who received 
the greater number of votes on the preceding ballot and eliminating the 
nominee(s) who received the fewest votes on the preceding ballot, except
where there is a tie. When two or fewer Trustees are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are Trustees yet to be elected, and must cast each vote for different nominees. This procedure shall be repeated until all vacancies have been filled.

3.422 Trustees, Other Than the Young Physician Member, the Resident/Fellow Physician Member, and the Public Member, to be Elected to Fill Vacancies after a Prior Ballot. The nomination and election of Trustees to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other Trustees and shall follow the same procedure. Individuals so elected shall be elected to a complete four-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician member and the resident/fellow physician member, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

3.423 Young Physician Member and Resident/Fellow Physician Member of the Board of Trustees and all Other Officers, except the Public Member. The young physician member and the resident/fellow physician member of the Board of Trustees and all other officers, except the public member, shall be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the two nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

3.424 Public Member. The public member shall be elected separately. The nomination for the public member shall be submitted to the House of Delegates by the Selection Committee for the Public Member of the Board of Trustees. Nominations from the floor shall not be accepted. A majority vote shall be necessary to elect.

3.50 Terms and Tenure.

3.501 President-Elect. The President-Elect shall be elected annually and shall serve as President-Elect until the next inauguration and shall become President upon installation at the inaugural ceremony, serving thereafter as President until the installation of a successor. The inauguration of the President may be held at any time during the meeting.
3.502 Speaker and Vice Speaker. The Speaker and Vice Speaker of the House of Delegates shall be elected annually, each to serve for one year or until their successors are elected and installed.

3.5021 Limit on Total Tenure. An individual first elected as Speaker after 1997 may serve a maximum tenure of four years as Speaker. An individual first elected as Vice Speaker after 1997 may serve for a maximum tenure of four years as Vice Speaker.

3.503 Secretary. A Secretary shall be selected by the Board of Trustees from one of its members and shall serve for a term of one year.

3.504 Trustees other than the Young Physician Member, the Resident/Fellow Physician Member, the Medical Student Member, and the Public Member. Trustees, other than the young physician member, the resident/fellow physician member, the medical student member, and the public member, shall be elected to serve for a term of four years. A Trustee elected in 1997 and thereafter shall not serve for more than two terms.

3.5041 Limit on Total Tenure. Trustees elected in 1997 and thereafter may serve for a maximum tenure of eight years. Trustees elected in 1997 and thereafter and elected at an Internm Meeting may serve for a maximum tenure of eight and one half years. Trustees elected prior to 1997 may continue to serve for a nine year maximum tenure on the Board of Trustees (this sentence shall sunset on the conclusion of service of Trustees elected in 1996 and before). The limitation on tenure shall take priority over a term length for which the Trustee was elected.

3.5042 Prior Service as Resident/Fellow Physician Member or Medical Student Member of the Board of Trustees. A member elected as provided in Section 3.504 or as provided in Section 3.507 who has previously served as a resident/fellow physician member or a medical student member of the Board of Trustees shall not have periods of Board service as the medical student member of the Board or as the resident/fellow physician member of the Board count as part of the eight year maximum Board of Trustees tenure.

3.505 Resident/Fellow Physician Member of the Board of Trustees. The resident/fellow physician member of the Board of Trustees shall serve a term of two years and shall not serve for more than three terms. If the resident/fellow physician member of the Board of Trustees is unable, for any reason, to complete the term for which he or she was elected, the remainder of the term shall be deemed to have expired. The successor, elected by the House of Delegates pursuant to Section 3.60 of these Bylaws, shall be elected to a term to expire at the conclusion of the second Annual Meeting of the House of Delegates following
the meeting at which the resident/fellow physician was elected.

3.5051 The term of the resident/fellow physician member of the Board of Trustees shall terminate and the position shall be declared vacant if the member should cease to be in an approved training program that qualifies the member for resident/fellow physician membership in the AMA. If the member shall complete an approved training program within 90 days prior to an Annual Meeting, he or she shall be permitted to continue to serve on the Board of Trustees until the completion of the Annual Meeting.

3.506 Medical Student Member of the Board of Trustees. A medical student member of the AMA shall be elected annually by the Medical Student Section Assembly to serve as a member of the Board of Trustees. The medical student member of the Board of Trustees shall have all of the rights of any other member of the Board to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, intra-Board elections or other elections, appointments or nominations conducted by the Board of Trustees.

3.5061 The medical student trustee shall be elected at the Business Meeting of the Medical Student Section prior to the Interim Meeting of the AMA for a term of one year beginning at the close of the next Annual Meeting of the AMA and concluding at the close of the second Annual Meeting of the AMA following the meeting at which the member was elected.

3.5062 The medical student member elected to serve as a member of the Board of Trustees shall be eligible for re-election as long as the member remains eligible for medical student membership in AMA.

3.5063 The term of the medical student member of the Board of Trustees shall terminate and the position shall be declared vacant if the medical student member should cease to be eligible for medical student membership in the AMA by virtue of the termination of the member's enrollment in a Liaison Committee on Medical Education or the American Osteopathic Association accredited program. Should the medical student member graduate from an accredited program within 90 days prior to an Annual Meeting, the medical student shall be permitted to continue to serve as a member of the Board of Trustees until completion of the Annual Meeting.

3.507 Young Physician Member of the Board of Trustees. The young physician member of the Board of Trustees shall be elected for a term of four years, and shall not serve for more than two terms. A young physician member is an active physician member of the AMA under forty years of age, who is not a resident/fellow physician. A young physician member elected to the Board of Trustees shall be eligible to serve on the Board of Trustees for the full term for
which the member was elected, even though the member reaches forty years of age during that term. However, a member forty years of age or over forty years of age shall not be eligible to be nominated for election or re-election to the young physician position on the Board of Trustees.

3.5071 Limit on Total Tenure. A member elected to the young physician position on the AMA Board of Trustees shall be limited to a maximum tenure of eight years, whether as a young physician member or in any combination of service as young physician member and as a member elected to the AMA Board of Trustees under Section 3.504.

3.508 Public Member of the Board of Trustees. The public member of the Board of Trustees shall be elected for a term of two years, and shall not serve for more than three terms. The public member shall be an individual who does not possess the degree of Doctor of Medicine or its equivalent, and who is not a medical student. The public member of the Board of Trustees shall have all of the rights of any other member of the Board to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that the public member shall not have the right to vote on intra-Board elections. The public member shall not be eligible for election as an officer of the Board of Trustees.

3.5081 Limit on Total Tenure. A member elected to the public member position on the AMA Board of Trustees shall be limited to a maximum tenure of six years.

3.5082 Retention of public member position. Retention of all provisions in the AMA Constitution and Bylaws providing for a public member of the Board of Trustees shall be considered at the Interim Meeting of the House of Delegates in the year 2007.

3.60 Vacancies

3.601 Appointment. The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee (except the public member) to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student member of the Board of Trustees shall be filled by appointment by the Board of Trustees from two or more nominations provided by the AMA Medical Student Section Governing Council. The Board of Trustees may request additional nominations from the AMA Medical Student Section Governing Council before making the appointment. If the public member of the Board of Trustees is unable to complete the term for which appointed, the remainder of the term shall be deemed to have expired.

3.602 Election to fill Vacancy. Any vacancy in the office of President-Elect, Trustee, Speaker or Vice Speaker shall be filled by election by the House of Delegates at
the earliest convenient time recommended by the Committee on Rules and Credentials and approved by the House of Delegates.

3.603 Absences. If a general officer misses six (6) consecutive regular meetings of the Board, this matter shall be reported to the House of Delegates by the Board of Trustees and the office shall be considered vacant. The vacancy shall be filled as provided in 3.602.

3.70 Successor to the President. If the Office of President becomes vacant, the President-Elect shall immediately become President and serve the remainder of the unexpired term and then assume office in accordance with 3.501. If the Office of President becomes vacant during a period when the Office of President-Elect is vacant, then the Speaker shall immediately become President for the remainder of the unexpired term.

3.80 Installation of General Officers. The general officers of the AMA, except the President, shall assume their duties at the close of the last meeting of the House of Delegates at the Annual Meeting at which they are elected. The medical student Trustee shall assume office at the close of the last meeting of the House of Delegates at the Annual Meeting following the Interim Meeting at which the medical student Trustee was elected.

3.81 Installation of the President. The President-Elect shall be installed as President, and shall assume the duties of that office, at the inaugural meeting.

3.811 Inaugural. The inaugural meeting shall be held during the Annual Meeting and shall be presided over by the President. If the President is absent, or so requests, the Speaker shall preside until the induction of the incoming President. The program for this meeting shall be arranged by the Executive Vice President of the AMA, subject to approval by the Board of Trustees.

4.00 Duties and Privileges of General Officers

4.10 President. The President shall:

4.101 Deliver an inaugural address.

4.102 Address the opening meeting of the Annual and Interim Meetings of the House of Delegates.

4.103 Participate, ex-officio and without the right to vote, in sessions of the House of Delegates.

4.104 Nominate, subject to confirmation by the Board of Trustees, committees requested by the councils and committees for emergencies and purposes not otherwise provided for in the Constitution and in these Bylaws.
4.105 Serve, ex-officio, as a member of the Board of Trustees.
4.106 Serve as the principal spokesperson in enunciating and advocating the official policies and positions of the Association. The President shall have discretion in accepting the President's speaking engagements and official visits. The President shall seek the advice and counsel of the Chair in evaluating acceptance of the President's speaking engagements and official visits.

4.107 Serve as the presiding officer of the Board of Trustees in the absence of the Chair and the Chair-elect.

4.20 President-Elect. The President-Elect shall:

4.201 Participate, ex-officio and without the right to vote, in the sessions of the House of Delegates.

4.202 Serve, ex-officio, as a member of the Board of Trustees.

4.203 Serve as a primary spokesperson in enunciating and advocating the official policies and positions of the Association.

4.204 Nominate a member for a full term of seven years for election by the House of Delegates to the Council on Ethical and Judicial Affairs in the year of inauguration.

4.30 Immediate Past President. The Immediate Past President shall:

4.301 Serve, ex-officio, as a member of the Board of Trustees.

4.302 Participate, ex-officio, and without the right to vote, in sessions of the House of Delegates.

4.303 Serve as a primary spokesperson in enunciating and advocating the official policies and positions of the Association.

4.40 Speaker. The Speaker:

4.401 Shall preside at the meetings of the House of Delegates and shall perform such duties as custom and parliamentary usage require.

4.402 May address the House of Delegates at the opening session of all meetings. Such address shall be limited to matters of conduct and procedure in the House. The Speaker is entitled to vote in the House of Delegates when the vote is by ballot. Otherwise, the Speaker has the right to vote in the House of Delegates only in case of a tie.
4.03 Shall serve, ex-officio, as a member of the Board of Trustees. The Speaker shall have all of the rights of any other member of the Board to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that the Speaker shall not have the right to vote on intra-Board elections. The Speaker shall not be eligible for election as an officer of the Board of Trustees.

4.04 Shall serve, ex-officio, as a member of the executive committee of the Board of Trustees.

4.50 Vice Speaker. The Vice Speaker:

4.501 Shall officiate for the Speaker in the Speaker's absence or at the request of the Speaker.

4.502 Shall assume the duties and privileges of the Speaker in the event of vacancy in the office of Speaker, until the vacancy is filled by election of the House of Delegates.

4.503 Shall be entitled to vote in the House of Delegates when the vote is by ballot. Otherwise, when officiating for the Speaker or when filling a vacancy in the office of Speaker, the Vice Speaker shall have the right to vote in the House of Delegates only in case of a tie.

4.504 Shall serve, ex-officio, as a member of the Board of Trustees. The Vice Speaker shall have all of the rights of any other member of the Board to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that the Vice Speaker shall not have the right to vote on intra-Board elections. The Vice Speaker shall not be eligible for election as an officer of the Board of Trustees.

4.60 Secretary. In addition to the duties ordinarily incumbent on the secretary of a corporation by law and custom, and those granted or imposed in other provisions of the Constitution and these Bylaws, the Secretary shall perform such other duties as may be directed by the House of Delegates or by the Board of Trustees.

4.70 Trustee. Individual Trustees are elected members of the AMA's Board of Trustees and are charged with providing oversight and guardianship of the Association's financial health and the pursuit of the Association's purpose and vision. Individual Trustees shall:

4.701 Act to safeguard the integrity of the AMA through good governance practices;

4.702 Function as effective representatives of the AMA in presenting the Association's policies and positions; and
4.703 Provide leadership and guidance in promoting the core tenet of professionalism and in promoting AMA membership.

5.00 Board of Trustees

5.10 Composition.

The Board of Trustees shall consist of twenty-one Members, as follows:

a. Twelve members elected as provided in 3.504.

b. The resident/fellow physician member elected as provided in 3.423 for the term provided in 3.505.

c. The medical student member elected by the Medical Student Section Assembly as provided in 3.506.

d. The young physician member elected as provided in 3.423 for the term provided in 3.507.

e. The President, President-Elect and Immediate Past President.

f. The Speaker and Vice Speaker.

g. The public member, elected as provided in 3.424 for the term provided in 3.508.

5.101 Members of the Board of Trustees elected under 3.504, the young physician member, the resident/fellow physician member, the medical student member and the public member of the Board of Trustees, shall resign all other positions held by them in the AMA upon their election to the Board of Trustees. Except for the Speaker and Vice Speaker, no person, while serving as a member of the Board of Trustees, shall be a delegate or an alternate delegate to the House of Delegates.

5.102 Members of the Board of Trustees may serve on councils or committees when specifically provided for in the Bylaws.

5.20 Organization.

5.201 Officers and Committees. Immediately following the conclusion of the Annual Meeting, the Board shall organize by electing a Chair-elect, a Secretary and committees necessary for its functions.

5.2011 Tenure of Chair and Chair-elect. The Chair and Chair-elect shall serve for a single one-year term with the Chair-elect automatically succeeding to the position of Chair upon completion of the Chair-elect term.

5.2012 Chair. The Chair shall have the following duties and privileges:

5.20121 Exercise authority as the Board of Trustee’s primary officer.

5.20122 Direct and guide preparation of agendas for meetings of the Board of Trustees.
5.20123 Preside over meetings of the Board of Trustees and its Executive Committee.

5.20124 Make and coordinate assignments for Trustees and General Officers. Assignments for the President shall be in accord with 4.106.

5.20125 Serve as the primary spokesperson for the Board of Trustees.

5.20126 Assure a sound working relationship between the Board of Trustees and the Executive Vice President.

5.2013 Chair-elect. Shall assume the duties of the Chair in the Chair's absence or at the request of the Chair.

5.202 Executive Committee. The Board of Trustees at its organization meeting, by resolution adopted by a majority of the Trustees in office, may designate three or more Trustees to constitute an executive committee. Members of the committee shall serve until the next organization meeting of the Board and until their successors are elected and qualified. The Speaker of the House of Delegates shall serve, ex-officio, as a member of the executive committee. The executive committee shall have such powers and duties as may be defined from time to time by the Board of Trustees.

5.30 Meetings.

5.301 Regular Meetings. There shall be at least four regular meetings of the Board of Trustees each calendar year, held at such time and place as the Board shall determine. Notice of each regular meeting shall be given at least ten days before each such meeting.

5.302 Special Meetings. Special meetings may be called at any time by the Chair or at the request of seven members of the Board. Notice shall be given at least two days before each such meeting.

5.303 Quorum. A majority of the voting members of the Board of Trustees shall constitute a quorum.

5.304 Notice of Meeting. Notice is given if delivered in person, by telephone, mail, telegram or any other means of electronic communication approved by the Board of Trustees. Notice shall be deemed to be received upon delivery to the Trustee's address then appearing on the records of the AMA.

5.305 Waiver of Notice. Notice of any meeting need not be given if waived in writing
before, during or after such meeting. Attendance at any meeting shall constitute a waiver of notice of such meeting, except where such attendance is for the express purpose of objecting to the transacting of any business because of a question as to the legality of the calling or convening of the meeting.

5.306 Telephone Conference. Trustees may participate in and act at any meeting through the use of a conference telephone or other communications equipment by means of which all persons participating in the meeting can communicate with each other. Such participation shall constitute attendance and presence at the meeting.

5.40 Duties and Privileges. In addition to the rights and duties conferred or imposed upon the Board of Trustees by law and custom and elsewhere in the Constitution and Bylaws, it shall:

5.401 Manage or direct the management of the property and conduct the affairs, work and activities of the AMA consistent with the policy actions and directives adopted by the House of Delegates, except as may be otherwise provided in the Constitution or these Bylaws.

5.4011 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the Association with respect to the management systems and risk management program of the AMA through its oversight of the Association’s Executive Vice President.

5.4012 Board of Trustee actions should be based on policies and directives approved by the House of Delegates. In the absence of specifically applicable House policies or directives and to the extent feasible, the Board shall determine AMA positions based on the tenor of past policy and other actions that may be related in subject matter.

5.402 Serve as the principal planning agent for the AMA.

5.4021 Planning focuses on the AMA’s goals and objectives and involves decision-making over allocation of resources and strategy development. Planning is a collaborative process involving all of the AMA’s Councils, Sections and other appropriate AMA components.

5.4022 The House of Delegates and the Council on Long Range Planning and Development have key roles in identifying and making recommendations to the Board regarding important strategic issues and directions related to the Association’s vision, goals and priorities.

5.403 Review all resolutions and recommendations adopted by the House of Delegates to determine how to fulfill the charge from the House. Resolutions and recommendations pertaining to the expenditure of funds also shall be reviewed.
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If it is decided that the expenditure is inadvisable, the Board shall report, at its earliest convenience, to the House the reasons for its decisions.

5.4031 In determining expenditure advisability, the Board will consider the scope of the proposed expenditure and whether it is consistent with the AMA’s vision, goals and priorities. Where the Board recommends that a proposed expenditure is not prudent and is inadvisable, the Board will present alternative actions, if feasible, in its report to the House.

5.404 Within the policies adopted by the House of Delegates, provide for the publication of The Journal of the American Medical Association and such specialty journals, periodicals and other publications and electronic media information as it may deem to be desirable in the best interests of the public and medical profession.

5.405 Select annually from one of its members a Secretary who shall assume the duties as provided in 4.60 of the Bylaws.

5.406 Select and evaluate an Executive Vice President.

5.4061 The Executive Vice President is the chief executive officer of the AMA and as such is responsible for AMA management and performance in accordance with the vision, priorities, and goals of the Association. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees.

5.4062 The Executive Vice President shall manage and direct the day-to-day duties of the AMA, including advocacy activities, and perform the duties commonly required of the chief executive officer of a corporation.

5.4063 The Executive Vice President shall ensure that there is an active and effective risk management program.

5.4064 No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until three years following completion of the term of the AMA office.

5.407 Maintain the financial health of the AMA. The Board shall:

5.4071 Oversee the development and approve the annual budget for the AMA, consistent with the Association’s vision, goals and priorities;

5.4072 Ensure that the Association’s resource allocations are aligned with the AMA’s plan and budget;
5.4073 Evaluate membership dues levels and make related recommendations to the House of Delegates;

5.4074 Review and approve financial and business decisions that significantly affect the Association's revenues and expenses; and

5.4075 Have the accounts of the Association audited at least annually.

5.408 Make proper financial reports concerning AMA affairs to the House of Delegates at its Annual Meeting.

5.409 Appoint such committees as necessary to carry out the purposes of the AMA.

5.410 Fill vacancies in any committee where such authority is not delegated elsewhere by these Bylaws.

5.411 Initiate, defend, settle or otherwise dispose of litigation involving the interests of the Association.

### 6.00 Councils of the American Medical Association

6.01 Commencement of Term. Members of Councils of the American Medical Association who are elected by the House of Delegates pursuant to the provisions of these Bylaws shall assume office immediately upon their election. Members of Councils of the AMA who are appointed shall assume office as provided in the Bylaws.

6.011 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician or medical student member of a Council of the AMA who graduates from a Liaison Committee on Medical Education or American Osteopathic Association accredited program, or completes an approved residency program within 90 days prior to an Annual Meeting shall be permitted to serve on the Council until the completion of the Annual Meeting. Service on a Council as a resident/fellow physician or medical student member shall not be counted in determining maximum Council tenure.

6.02 Rules and Regulations. Each Council shall select a Chair and Vice Chair or Chair-Elect and may adopt such rules and regulations as it deems necessary and appropriate for the conduct of its affairs, subject to approval by the Board of Trustees.

6.03 Committees of Councils of the AMA.

6.031 Proposal of Committees. A Council of the AMA may propose the creation of a committee of the Council by submitting to the Board of Trustees a proposed charter that includes:
6.0311 A specific purpose for the committee.

6.0312 A specific program for the committee.

6.0313 A specific expected result of the committee's activities.

6.0314 A specific time limitation, not to exceed 2 years, for the committee's existence. At the expiration of the specified time, the committee will be discharged, unless its charter is renewed for an additional specific period of time.

6.0315 The size of the committee.

6.0316 A specific cost estimate.

6.032 Board Approval. The Board of Trustees shall review the proposed charter of the committee and shall have the right to approve, disapprove or recommend changes in the charter.

6.033 Appointment. The Board of Trustees, in conjunction with the Speaker of the House of Delegates, shall appoint the members of any committee of a Council of the AMA. The parent Council of the AMA may submit recommendations for membership on the committee to the Board of Trustees.

6.04 Reports and Referrals.

6.041 Information and Recommendations. All Councils of the AMA have a continuing duty to provide information and to submit recommendations to the House of Delegates, through the Board of Trustees, on matters relating to the areas of responsibility assigned to them under the provisions of these Bylaws.

6.042 Method of Reporting. Councils of the AMA, with the exception of the Councils on Ethical and Judicial Affairs and Legislation, shall submit their reports to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Councils as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

6.043 Method of Referral. Referrals from the House of Delegates to a Council or Councils of the AMA shall be made through the Board of Trustees. The Board may, in addition, refer the matter to such other councils as it deems appropriate.

6.05 Strategic Planning. All Councils have a responsibility to participate in the strategic
planning process with the Board of Trustees, other Councils, and other organizational units as may be appropriate.

6.06 Communications and Working Relationships. All Councils have a responsibility to communicate and develop working relationships with the Board of Trustees, other Councils, the Sections, organizations represented within the AMA House of Delegates and other organizational units as may be appropriate.

6.10 Council on Constitution and Bylaws.

6.101 Functions. The functions of the Council on Constitution and Bylaws are:

6.1011 To serve as a fact-finding and advisory committee on matters pertaining to the Constitution and Bylaws; and

6.1012 To recommend such changes in the Constitution and Bylaws as it deems appropriate for action by the House of Delegates.

6.102 Membership. The Council on Constitution and Bylaws shall consist of the following:

6.1021 Seven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.1022 In addition, the Speaker and Vice Speaker of the House of Delegates shall be ex-officio members of the Council without the right to vote.

6.1023 A medical student member of the AMA appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees shall also serve on the Council. The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.

6.103 Term.

6.1031 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of the Council on Constitution and Bylaws other than the resident/fellow physician and medical student member shall be elected by the House of Delegates for terms of four years.
6.1032 Resident/Fellow Physician Member. The resident/fellow physician member of the Council on Constitution and Bylaws shall be elected by the House of Delegates for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.1033 Medical Student Member. The medical student member of the Council on Constitution and Bylaws shall be appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees for a term of one year. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.104 Tenure. Members of the Council on Constitution and Bylaws may serve no more than eight years. A member elected to serve an unexpired term prior to 1997 shall not be regarded as having served a term while completing the unexpired term and years of service in filling such terms shall not be counted in determining maximum tenure. (The preceding sentence will sunset when no longer applicable.) The limitation on tenure shall take priority over a term length for which the member was elected.

6.105 Vacancies.

6.1051 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The new member shall be elected by the House of Delegates for a new four year term.

6.1052 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council is unable, for any reason, to complete the term for which he or she was elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at its next Annual Meeting for a term to expire at the conclusion of the third Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician was elected.
6.20 Council on Medical Education.

6.201 Functions. The functions of the Council on Medical Education are:

6.2011 To study and evaluate all aspects of medical education continuum, including the development of programs approved by the House of Delegates, to ensure an adequate continuing supply of well-qualified physicians to meet the needs of the public;

6.2012 To study and evaluate education needs in the allied health professions and services, including the development of programs approved by the House of Delegates, to ensure the provision of an adequate continuing supply of well-qualified allied health personnel;

6.2013 To review and recommend policies for medical and allied health education, whereby the AMA may provide the highest education service to both the public and the profession;

6.2014 To consider and recommend means by which the AMA may, on behalf of the public and the medical profession at-large, continue to provide information, leadership and direction to the existing inter-organizational bodies dealing with medical and allied health education; and

6.2015 To consider and recommend the means and methods whereby physicians and allied health personnel may be assisted in maintaining their professional competence and the development of means and criteria for recognition of such achievement.

6.202 Membership. The Council on Medical Education shall consist of the following:

6.2021 Eleven active members of the AMA, at least one of whom shall be a private practitioner of medicine who is not a salaried faculty member of a medical school, and one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.2022 In addition, a medical student member of the AMA appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees shall also serve on the Council. The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.
6.203 Term.

6.2031 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of the Council on Medical Education, other than the resident/fellow physician and medical student member, shall be elected by the House of Delegates for terms of four years.

6.2032 Resident/Fellow Physician Member. The resident/fellow physician member of the Council on Medical Education shall be elected by the House of Delegates for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which he or she was elected, the service of such resident/fellow physician member on the Council shall thereupon terminate and the position shall be declared vacant.

6.2033 Medical Student Member. The medical student member of the Council on Medical Education shall serve for a term of one year. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.204 Tenure. Members of the Council on Medical Education may serve for no more than eight years. A member elected to serve an unexpired term prior to 1997 shall not be regarded as having served a term while completing the unexpired term and years of service in filling such terms shall not be counted in determining maximum tenure. (The preceding sentence will sunset when no longer applicable.) The limitation on tenure shall take priority over a term length for which the member was elected.

6.205 Vacancies.

6.2051 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The new member shall be elected by the House of Delegates for a four year term.

6.2052 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council is unable, for any reason, to complete the term for
which he or she was elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at its next Annual Meeting for a term to expire at the conclusion of the third Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician was elected.

6.30 Council on Medical Service.

6.301 Functions. The functions of the Council on Medical Service are:

6.3011 To study and evaluate the social and economic aspects of medical care; and, on behalf of the public and the profession, to suggest means for the timely development of services in a changing socioeconomic environment;

6.3012 To investigate social and economic factors influencing the practice of medicine;

6.3013 To confer with state associations, component societies and national medical specialty societies regarding changing conditions and anticipated proposals that would affect medical care; and

6.3014 To assist medical service committees established by state associations, component societies of the AMA, and the national medical specialty societies.

6.302 Membership. The Council on Medical Service shall consist of the following:

6.3021 Eleven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.3022 In addition, a medical student member of the AMA appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees shall also serve on the Council. The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.

6.303 Term.

6.3031 Members other than the Resident/Fellow Physician Member and
Medical Student Member. Members of the Council on Medical Service, other than the resident/fellow physician and medical student member, shall be elected by the House of Delegates for terms of four years.

6.3032 Resident/Fellow Physician Member. The resident/fellow physician member of the Council on Medical Service shall be elected by the House of Delegates for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which he or she was elected, the service of such resident/fellow physician member on the Council shall thereupon terminate and the position shall be declared vacant.

6.3033 Medical Student Member. The medical student member of the Council on Medical Service shall serve for a term of one year. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.304 Tenure. Members of the Council on Medical Service may serve for no more than eight years. A member elected to serve an unexpired term prior to 1997 shall not be regarded as having served a term while completing the unexpired term and years of service in filling such terms shall not be counted in determining maximum tenure. (The preceding sentence will sunset when no longer applicable.) The limitation on tenure shall take priority over a term length for which the member was elected.

6.305 Vacancies.

6.3051 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The new member shall be elected by the House of Delegates for a four year term.

6.3052 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council is unable, for any reason, to complete the term for which he or she was elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at its next Annual Meeting for a term to expire at the conclusion of the third Annual Meeting of the House of Delegates following the meeting at
6.40 Council on Ethical and Judicial Affairs.

6.401 Authority. The Council on Ethical and Judicial Affairs is the judicial authority of the American Medical Association and its decision shall be final.

6.402 Functions. The functions of the Council on Ethical and Judicial Affairs are:

6.4021 To interpret the Principles of Medical Ethics of the American Medical Association through the issuance of Opinions;

6.4022 To interpret the Constitution, Bylaws and rules of the Association;

6.4023 To investigate general ethical conditions and all matters pertaining to the relations of physicians to one another or to the public, and make recommendations to the House of Delegates or the constituent associations through the issuance of Reports or Opinions;

6.4024 To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation or age, or for any other reason unrelated to character or competence have been unfairly denied membership in a component and/or constituent association, to determine the facts in the case, and to report the findings to the House of Delegates. If the Council determines that the allegations are indeed true, it shall admonish, censure, or in the event of repeated violations, recommend to the House of Delegates that the constituent and/or component association involved be declared to be no longer a constituent and/or component member of the AMA;

6.4025 To request that the President appoint investigating juries to which it may refer complaints or evidence of unethical conduct which in its judgment are of greater than local concern. Such investigative juries, if probable cause for action be shown, shall submit formal charges to the President, who shall appoint a prosecutor to prosecute such charges against the accused before the Council on Ethical and Judicial Affairs in the name and on behalf of the AMA. The Council may acquit, admonish, suspend or expel the accused; and

6.4026 To approve applications and nominate candidates for affiliate membership as otherwise provided for in 1.131 of these Bylaws.

6.403 Original Jurisdiction. The Council on Ethical and Judicial Affairs shall have original jurisdiction in:
6.4031 All questions involving membership as provided in 1.111, 1.121, 1.131, 1.151, 1.611 and 1.62 of these Bylaws.

6.4032 All controversies arising under this Constitution and Bylaws and under the Principles of Medical Ethics to which the American Medical Association is a party.

6.4033 Controversies between two or more state associations or their members and between a constituent association and a component society or societies of another state association or associations or their members.

6.404 **Appellate Jurisdiction.** The Council on Ethical and Judicial Affairs shall have appellate jurisdiction in questions of law and procedure but not of fact in all cases which arise:

a. Between a constituent association and one or more of its component societies.
b. Between component societies of the same constituent association.
c. Between a member or members and the component society to which the member or members belong following an appeal to the member's constituent association.
d. Between a member and the component society or the constituent association to which the member belongs regarding disciplinary action taken against the member by the society or association.
e. Between members of different component societies of the same constituent association following a decision by the constituent association.

6.4041 **Appeal Mechanisms.** Notice of appeal shall be filed with the Council on Ethical and Judicial Affairs within thirty (30) days of the date of the decision by the component society or the constituent association and the appeal shall be perfected within sixty (60) days thereof; provided, however, that the Council on Ethical and Judicial Affairs, for what it considers good and sufficient cause, may grant an additional thirty (30) days for perfecting the appeal.

6.405 **Membership.** The Council on Ethical and Judicial Affairs shall consist of nine active members of the American Medical Association, including one resident/fellow physician member and one medical student member. Members elected to the Council on Ethical and Judicial Affairs shall resign all other positions held by them in the AMA upon their election to the Council. No member, while serving on the Council on Ethical and Judicial Affairs, shall be a delegate or an alternate delegate to the House of Delegates, or a General Officer of the AMA, or serve on any other council, committee or as representative to or Governing Council member of a Section of the AMA.

6.4051 **Limit on Medical Student Participation.** The medical student member
of the Council shall have the right to participate fully in the work of the Council, including the right to make motions and vote on policy issues, elections, appointments, or nominations conducted by the Council, except that in disciplinary matters and in matters relating to membership the medical student member shall participate only if a medical student is the subject of the disciplinary matter or is the applicant for membership.

6.406 Nomination and Election. The full-term members of the Council shall be elected by the House of Delegates on nomination by the President-Elect who assumes the office of President at the conclusion of the meeting. State medical associations, national medical specialty societies, Sections of the AMA, and other organizations represented in the AMA House of Delegates, and members of the Board of Trustees may submit the names and qualifications of candidates for consideration by the President-Elect.

6.407 Term. Members of the Council on Ethical and Judicial Affairs shall be elected by the House of Delegates for the following terms of office:

6.4071 The medical student member of the Council shall be elected for a term of two years. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which the medical student member was elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.4072 The resident/fellow physician member of the Council shall be elected for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which the resident/fellow physician member was elected, the service of such resident/fellow physician member on the Council shall thereupon terminate, and the position shall be declared vacant. The resident/fellow physician member shall have the right to vote in all matters in which the member participates under the rules of the Council.

6.4073 All other members of the Council shall be elected by the House of Delegates for a term of seven years, so arranged that at each Annual Convention the term of one member shall expire.

6.408 Tenure. Members of the Council on Ethical and Judicial Affairs may serve only one term, except that the resident/fellow physician member and the medical student member shall be eligible to serve for two terms. A member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served at least half of the term.
6.409 Vacancies.

6.4091 Members other than the Resident/Fellow Physician Member. Any vacancy among the members of the Council on Ethical and Judicial Affairs other than the resident/fellow physician member shall be filled at the next meeting of the House of Delegates. The new member shall be elected by the House of Delegates, on nomination by the President, for the remainder of the unexpired term.

6.4092 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council is unable, for any reason, to complete the term for which he or she was elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at the next Annual Meeting, on nomination by the President, for a term to expire at the conclusion of the third Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician was elected.

6.50 Council on Long Range Planning and Development.

6.501 Charge. The functions of the Council on Long Range Planning and Development are:

6.5011 To study and make recommendations concerning the long-range objectives of the AMA;

6.5012 To study, make recommendations, and serve in an advisory role to the Board of Trustees concerning strategies by which the AMA attempts to reach its long-range objectives;

6.5013 To study, or cause to be studied, anticipated changes in the environment in which medicine and the AMA must function, collect relevant data and transmit interpretations of these studies and data to the Board of Trustees for distribution to decision making centers throughout the AMA, and submit reports to the House of Delegates at appropriate times; and

6.5014 To identify and evaluate ways to enhance the AMA's policy development processes and to make information on AMA policy positions readily accessible by providing support to the Association's outreach, communications, and advocacy activities.

6.502 Membership. The Council on Long Range Planning and Development shall consist of ten active members. Five members of the Council shall be appointed by the Speaker of the House of Delegates as follows: two members shall be
appointed from the membership of the House of Delegates, two members shall be appointed from the membership of the House of Delegates or from the AMA membership at-large, and one member appointed shall be a resident/fellow physician. Four members of the Council shall be appointed by the Board of Trustees from the membership of the House of Delegates or from the AMA membership at-large. One member appointed shall be a medical student member of AMA appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

6.5021 The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.

6.503 Term.

Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of the Council on Long Range Planning and Development other than the resident/fellow physician and medical student member shall be appointed for terms of four years beginning on July 1.

Resident/Fellow Physician Member. The resident/fellow physician member of the Council on Long Range Planning and Development shall be appointed for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which appointed, the service of such resident/fellow physician member on the Council shall then terminate and the position shall be declared vacant.

Medical Student Member. The medical student member of the Council on Long Range Planning and Development shall be appointed for a term of one year. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which appointed, the service of such medical student member on the Council shall then terminate and the position shall be declared vacant.

6.504 Tenure. Members of the Council on Long Range Planning and Development may serve for no more than eight years. A member appointed to serve an unexpired term prior to 1997 shall not be regarded as having served a term while completing the unexpired term and years of service in filling such terms shall not be counted in determining maximum tenure. (The preceding sentence will sunset when no longer applicable.) The limitation on tenure shall take priority over a
term length for which the member was elected.

6.505 Vacancies.

6.5051 Members Other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the resident/fellow physician and the medical student member shall be filled by appointment by either the Speaker of the House of Delegates or by the Board of Trustees as provided in Section 6.502. The new member shall be appointed for a four year term.

6.5052 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council on Long Range Planning and Development ceases to be a participant in an approved training program or is unable, for any other reason, to complete the term for which appointed, the remainder of the term shall be deemed to have expired. The successor shall be appointed by the Speaker of the House of Delegates for a three year term.

6.60 Council on Legislation.

6.601 Functions. The functions of the Council on Legislation are:

6.6011 To review proposed federal legislation and recommend appropriate action in accordance with AMA policy;

6.6012 To recommend changes in existing AMA policy when necessary to accomplish effective legislative goals;

6.6013 To serve as a reference council through which all legislative issues of the AMA are channeled prior to final consideration by the Board of Trustees;

6.6014 To maintain constant surveillance over legislation and to anticipate future legislative needs;

6.6015 To recommend to the Board of Trustees new federal legislation and legislation to modify existing laws of interest to the AMA;

6.6016 To monitor the development and issuance of federal regulations and to make recommendations to the Board of Trustees concerning action on such regulations; and

6.6017 To develop and recommend to the Board of Trustees models for state legislation.

6.602 Membership. The Council on Legislation shall consist of the following:
6.6021 Eleven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be appointed by the Board of Trustees.

6.6022 In addition, the Board of Trustees may appoint a member of the American Dental Association as a voting member of the Council on Legislation upon nomination by the American Dental Association. The appointment of a member of the American Dental Association to the Council on Legislation is subject to a reciprocal right to have an American Medical Association member, nominated by the AMA Board of Trustees, appointed as a voting member of the Council on Legislation of the American Dental Association.

6.6023 The Board of Trustees shall also appoint a medical student member of the AMA as a member of the Council on Legislation from nominations submitted by the AMA Medical Student Section. The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.

6.603 Term. Members of the Council on Legislation shall be appointed by the Board of Trustees for terms of one year, beginning on July 1 of each year, provided that if the resident/fellow physician or medical student member ceases to be enrolled in an approved program, his or her service on the Council shall thereupon terminate and the position shall be declared vacant.

6.604 Tenure. Members of the Council on Legislation may serve no more than eight terms.

6.605 Vacancies. Any vacancy occurring on the Council shall be filled for the remainder of the unexpired term at the next meeting of the Board of Trustees. Completion of an unexpired term shall not count toward maximum tenure on the Council.


6.701 Functions. The functions of the Council on Science and Public Health are:

6.7011 To advise on substantial and promising developments in the scientific aspects of medicine, public health and biomedical research that warrant public attention;

6.7012 To advise on professional and public information activities that might be undertaken by the AMA in the fields of scientific medicine and public
health;

6.7013 To assist in the preparation of policy positions on scientific issues in medicine and public health raised by the public media;

6.7014 To advise on policy positions on aspects of government support, involvement in or control of biomedical and public health research;

6.7015 To advise on opportunities to coordinate or cooperate with national medical specialty societies, voluntary health agencies, other professional organisations and governmental agencies on scientific activities in medicine and public health;

6.7016 To consider and evaluate the benefits that might be derived from joint development of domestic and international programs on scientific issues in medicine and public health; and

6.7017 To propose and evaluate activities that might be undertaken by the AMA as major scientific projects in medicine or public health, either individually or jointly with state and local medical societies.

6.702 Membership. The Council on Science and Public Health shall consist of the following:

6.7021 Eleven active members of the AMA, one of whom shall be a resident/fellow physician. These members of the Council shall be elected by the House of Delegates. The Board of Trustees shall nominate two or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.7022 In addition, a medical student member of the AMA appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees shall also serve on the Council. The medical student member shall have all of the rights of any other member of the Council to participate fully in meetings of the Council, including the right to make motions and to vote on policy issues, elections, appointments or nominations conducted by the Council.

6.703 Term.

6.7031 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of the Council on Science and Public Health, other than the resident/fellow physician and medical student member, shall be elected by the House of Delegates for terms of four years.
6.7032 Resident/Fellow Physician Member. The resident/fellow physician member of the Council on Science and Public Health shall be elected by the House of Delegates for a term of three years provided that if the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term, the service of such resident/fellow physician member on the Council shall thereupon terminate and the position shall be declared vacant.

6.7033 Medical Student Member. The medical student member of the Council on Science and Public Health shall be appointed by the Governing Council of the AMA Medical Student Section with the concurrence of the Board of Trustees for a term of one year. If the medical student member ceases to be enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program at any time prior to the expiration of the term for which elected, the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

6.704 Tenure. Members of the Council on Science and Public Health may serve for no more than eight years. A member elected to serve an unexpired term prior to 1997 shall not be regarded as having served a term while completing the unexpired term and years of service in filling such terms shall not be counted in determining maximum tenure. (The preceding sentence will sunset when no longer applicable.) The limitation on tenure shall take priority over a term length for which the member was elected.

6.705 Vacancies.

6.7051 Members Other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of the Council other than the medical student and resident/fellow physician member shall be filled at the next Annual Meeting of the House of Delegates. The new member shall be elected for a four year term.

6.7052 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council is unable, for any reason, to complete the term for which he or she was elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates at its next Annual Meeting for a term to expire at the conclusion of the third Annual Meeting of the House of Delegates following the meeting at which the resident/fellow physician was elected.

6.80 Method of Election.
6.801 Members of the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service and Council on Science and Public Health shall be elected by the following method:

6.8011 Separate Election. The resident/fellow physician member of these Councils, as well as the private practitioner of medicine who is not a salaried faculty member of a medical school on the Council on Medical Education shall each be elected separately. A majority of the legal votes cast shall be necessary to elect. In case a nominee fails to receive a majority of the legal votes cast, the nominees on subsequent ballots shall be determined by retaining the two nominees who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest votes on the preceding ballot, except where there is a tie. This procedure shall be continued until one of the nominees receives a majority of the legal votes cast.

6.8012 Other Council Members to be Elected for a Full Term. With reference to each such Council, all nominees for election shall be listed alphabetically on a single ballot. Each elector shall have as many votes as there are members to be elected and each vote must be cast for a different nominee. No ballot shall be counted if it contains fewer votes or more votes than the number of members to be elected, or if the ballot contains more than one vote for any nominee. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of Members to be elected.

6.8013 Run-Off Ballot. A run-off election shall be held to fill any vacancy which cannot be filled because of a tie vote.

6.8014 Subsequent Ballots. If all vacancies are not filled on the first ballot and three or more members of the Council are still to be elected, the number of nominees on subsequent ballots shall be reduced to no more than twice the number of remaining vacancies less one. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee(s) who received the fewest number of votes on the preceding ballot, except where there is a tie. When two or fewer members of the Council are still to be elected, the number of nominees on subsequent ballots shall be no more than twice the number of remaining vacancies, with the nominees determined as indicated in the preceding sentence. In any subsequent ballot the electors shall cast as many votes as there are members of the Council yet to be elected, and must cast each vote for a different nominee. This procedure shall be repeated until all vacancies have been filled.
6.8015 Council Members to be Elected to Fill Vacancies after a Prior Ballot. With reference to each such Council, the nomination and election of members of the Council to fill a vacancy that did not exist at the time of the prior ballot shall be held after election of other members of the Council, and shall follow the same procedure. Individuals elected to such vacancy shall be elected to a complete four year term. Unsuccessful candidates in the election for members of the Council for a full term shall automatically be nominated for subsequent elections to fill any such vacancy until all members of the Council have been elected. In addition, nominations from the floor shall be accepted.

7.00 Sections

7.01 Mission of the Sections

a. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the American Medical Association;

b. To enhance AMA outreach, communication, and interchange with the membership segments represented in the Sections;

c. To maintain effective communications and working relationships between the AMA and organizational entities that are relevant to the activities of each Section;

d. To promote AMA membership growth;

e. To enhance the ability of membership segments represented in the Sections to provide their perspective to the AMA and the House of Delegates; and

f. To facilitate the development of information and educational activities on topics of interest to the membership segments represented in the Sections.

7.02 Informational Reports. Each Section may submit at the Annual Meeting an informational report detailing the activities and programs of the Section during the previous year. Their reports shall be submitted to the House of Delegates through the Board of Trustees. The Board of Trustees may make such non-binding recommendations regarding the reports to the Sections as it deems appropriate, prior to transmitting the reports to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the reports to the House of Delegates.

7.10 Resident and Fellow Section. There shall be a Section for resident/fellow physician members of the American Medical Association which
shall be known as the Resident and Fellow Section.

7.11 Governing Council. There shall be a Governing Council for the Resident and Fellow Section. The Governing Council shall consist of the officers of the Resident and Fellow Section and two members-at-large of the Council. All members of the Governing Council must be resident/fellow physician members of the American Medical Association elected by the representatives to the Business Meeting of the Resident and Fellow Section.

7.111 Duties. The Governing Council shall direct the programs and the activities of the Resident and Fellow Section, subject to the approval of such programs and activities by the Board of Trustees or the House of Delegates of the American Medical Association.

7.112 Termination. The service of a Governing Council member shall terminate and the position shall be declared vacant if the member ceases to be a participant in an approved training or other program that qualifies the member for resident/fellow physician membership in the AMA. If the member's eligibility in the Resident and Fellow Section ends within 90 days prior to an Annual Meeting, the member shall be permitted to continue to serve on the Governing Council until the completion of the Annual Meeting.

7.113 Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Business Meeting of the Resident and Fellow Section. The new members shall be elected for the remainder of the unexpired term by the representatives to the Business Meeting.

7.1131 Temporary Appointment. If a vacancy on the Governing Council occurs more than thirty (30) days prior to the next Business Meeting, the Governing Council may appoint a resident/fellow physician member of the AMA to fill the vacancy until the next Business Meeting of the Resident and Fellow Section when an election shall be held pursuant to rules adopted by the Resident and Fellow Section.

7.12 Officers, Duties and Terms. The representatives to the Business Meeting of the Resident and Fellow Section shall elect the following officers:

7.121 Chair. The Chair shall preside at all meetings of the Governing Council and the Business Meetings of the Resident and Fellow Section.

7.122 Chair-Elect. The Chair-Elect shall assist the officers in the discharge of their duties.

7.123 Vice Chair. The Vice Chair shall preside at meetings of the Governing Council or the Business Meetings of the Resident and Fellow Section, in the absence of the Chair or at the request of the Chair.
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7.124 Secretary. The secretary shall maintain such records as are required or advisable for the conduct of the activities of the Resident and Fellow Section.

7.125 Delegate and Alternate Delegate. The delegate and alternate delegate shall represent the Section in the AMA House of Delegates.

7.126 Terms. Any combination of service in Governing Council positions other than Chair-Elect/Chair and delegate shall be limited to two one-year terms. The Chair-Elect/Chair and delegate may serve a maximum of two years in addition to two previous one-year terms in other Governing Council positions. The Chair-Elect/Chair may not subsequently run for the offices of Vice-Chair, Alternate Delegate, Secretary or Member-at-Large. Half-year positions to fill unexpired terms shall not count for the purpose of term limit calculations.

7.13 Business Meeting. There shall be a Business Meeting of members of the Resident and Fellow Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates, at a time and place designated by the Executive Vice President.

7.131 Representatives to the Business Meeting.

7.1311 Constituent Members. Resident/fellow physician members of the American Medical Association in those constituent associations that provide full membership for them shall select one representative for each one hundred (100), or fraction thereof, regular members of the AMA who are eligible to be members of the Resident and Fellow Section and are members of the constituent association. The Executive Vice President of the AMA shall notify each constituent association of the number of representatives to which it is entitled. Each representative to the Business Meeting of the Resident and Fellow Section must be serving in an approved training program, fellowship or otherwise eligible to participate in the Resident and Fellow Section and shall be certified by the President or Secretary of the constituent association to be a member in good standing.

7.1312 Direct Members. Resident/fellow physicians serving in approved training programs or fellowships, members serving as their primary occupation in a structured educational program begun immediately upon completion of medical school, residency or fellowship training who are direct members of the AMA may be selected as representatives to the Business Meeting of the Resident and Fellows Section upon application to the Governing Council for the Resident and Fellows Section. The Governing Council shall select representatives from those states that do not provide full membership for resident/fellow physicians on the basis of
one representative for each one hundred (100), or fraction thereof, direct members of the AMA from that state who are resident/fellow physicians serving in approved training programs. The Governing Council shall select representatives pursuant to uniform rules and criteria that they may adopt.

7.1313 Members Serving in the Military or in Federal Agencies.
Resident/fellow physicians serving in approved training programs, or fellowships, and members serving as active duty military or public health service physicians providing service as general medical officers before returning to complete a residency program, who are direct members of the AMA and serving in the United States Army, the United States Navy, the United States Air Force, the United States Public Health Service, the Department of Veterans Affairs or other Federal agencies may be selected as representatives to the Business Meeting of the Resident and Fellow Section upon application to the Governing Council for the Resident and Fellow Section. The Governing Council shall select representatives from the services and government agencies on the basis of one representative for each one hundred (100), or fraction thereof, direct members of the AMA from each of the services and government agencies who are physicians serving in approved training programs, fellowships or otherwise eligible to participate in the Resident and Fellow Section. The Governing Council shall select such representatives pursuant to such uniform rules and criteria that they may adopt.

7.1314 National Medical Specialty Organizations. Those national medical specialty organizations that have been granted representation in the AMA House of Delegates and have established a resident/fellow physician membership component may be represented at the Business Meeting of the Resident and Fellow Section by a representative selected by the resident/fellow physician members of the specialty organization. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty organization has established a resident/fellow physician membership component so as to qualify for representation at the Business Meeting of the Section. The procedure by which the resident/fellow physician representative from the specialty organization is selected must meet the requirements established by the Governing Council.

7.1315 Professional Interest Medical Associations. Each qualified Professional Interest Medical Association may be represented at the Business Meeting of the Resident and Fellow Section by a resident/fellow physician representative selected by the Professional Interest Medical Association. The Governing Council shall adopt uniform rules and criteria to determine if a Professional Interest Medical Association
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qualifies for representation at the Business Meeting of the Section. The procedure by which the resident/fellow physician representative from the Professional Interest Medical Association is selected must meet the requirements established by the Governing Council.

7.132 Rules of Order. Only duly selected Representatives to the Business Meeting of the Resident and Fellow Section shall have the right to vote, but the meeting shall be open to any member of the American Medical Association. The meeting shall be conducted pursuant to established rules of procedure adopted by the Governing Council, subject to approval by the Board of Trustees.

7.133 Purposes of the Meeting. The purposes of the meeting shall be:

7.1331 To hear such reports as may be appropriate.

7.1332 To elect, at the meeting immediately prior to the Interim Meeting, a Chair-Elect who shall serve as Chair-Elect until the conclusion of the next Annual Meeting, whereupon the Chair-Elect shall become Chair and serve until the conclusion of the following Annual Meeting.

7.1333 To elect, at the meeting immediately prior to the Annual Meeting, the other officers of the Resident and Fellow Section, and two members at-large of the Governing Council. Those elected shall assume office at the conclusion of the Annual Meeting at which they are elected and shall serve until the conclusion of the next Annual Meeting.

7.1334 To consider and vote upon such matters as may properly come before the meeting.

7.134 Quorum. Twenty percent (20%) of the authorized representatives representing at least fifteen states shall constitute a quorum for the Business Meeting of the Resident and Fellow Section.

7.20 Medical Schools Section.

7.21 Membership. All members of the Section must be active members of the American Medical Association. The membership of the Section shall consist of the following:

7.211 The Chief Administrative Officer (i.e. Dean) of each approved medical school, or a member of the staff of the Chief Administrative Officer designated by the Chief Administrative Officer.

7.212 Two members of the staff of the Chief Administrative Officer (i.e. Dean) or the faculty of each approved medical school, selected by the Chief Administrative Officer of the medical school.
7.213 A member of the faculty of each approved medical school, selected by the physician members of the faculty.

7.214 One representative appointed by the Dean of each medical school from an affiliated graduate medical education program.

7.215 Ten (10) at-large members representing the interests of graduate medical education and ten (10) at-large members representing the interests of continuing medical education, who are appointed by the Governing Council of the Medical Schools Section. These individuals need not have medical school faculty appointments.

7.22 Governing Council. There shall be a Governing Council of the Section of Medical Schools that shall have the responsibility of directing the programs and activities of the Section, subject to the approval of the Board of Trustees. The members of the Governing Council shall be the following:

7.221 Chair-Elect, Chair, Immediate Past Chair.

7.2211 Duties. The Chair shall preside at all Business Meetings of the Section and the Governing Council. The Chair-Elect shall assist the Chair and preside at meetings in the absence of the Chair or at the Chair's request. The Immediate Past Chair shall attend all meetings of the Governing Council.

7.2212 Term. A Chair-Elect shall be elected annually at the Business Meeting of the Section held immediately prior to the Annual Meeting. The member elected shall assume office at the conclusion of the Annual Meeting at which the election was held and shall serve until the conclusion of the next Annual Meeting; whereupon the Chair-Elect shall succeed to the office of Chair and shall serve in that office for one year until the conclusion of the next Annual Meeting; whereupon the Chair shall become Immediate Past Chair and shall serve in that office for one year until the conclusion of the next Annual Meeting.

7.2213 Vacancy. In the event the office of Chair shall become vacant for any reason, the office shall remain vacant until the conclusion of the next Annual Meeting of the AMA, at which time the Chair-Elect shall succeed to the office of Chair. During any vacancy in the office of Chair, the duties and responsibilities of the office shall be assumed by the Chair-Elect. In the event the office of Chair shall become vacant for any reason while the office of Chair-Elect is vacant, both offices shall be filled by election at the next Business Meeting of the Section. The office of Chair shall be filled before an election is held to fill the office of Chair-Elect.
Those elected shall serve the unexpired term remaining for each office.

7.222 Delegate and Alternate Delegate.

7.2221 Duties. The delegate and alternate delegate shall represent the members of the Section in the House of Delegates.

7.2222 Term. The delegate and alternate delegate shall be elected in even numbered years at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. Those elected shall assume office at the conclusion of the Annual Meeting at which the election was held and shall serve until the conclusion of the second Annual Meeting after they assume office.

7.2223 Vacancy. If the office of delegate becomes vacant for any reason, the alternate delegate shall assume the office of delegate and serve for the remainder of the unexpired term. If the office of alternate delegate becomes vacant for any reason, at the next Business Meeting of the Section a successor shall be elected to serve the remainder of the unexpired term.

7.223 Other Members. Three members of the Section who will serve on the Governing Council.

7.2231 Duties. The members shall attend all meetings of the Governing Council.

7.2232 Term. The members shall be elected annually at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. Those elected shall take office at the conclusion of the Annual Meeting at which they are elected and shall serve until the conclusion of the next Annual Meeting. No member shall serve for more than two terms.

7.2233 Vacancy. In the event of a vacancy, at the next Business Meeting of the Section, a successor shall be elected to serve the remainder of the unexpired term.

7.23 Business Meeting. The Section on Medical Schools shall hold a Business Meeting on a day prior to each Annual and Interim Meeting of the House of Delegates, at a time and place fixed by the Executive Vice President. The purposes of the meeting shall be:

7.231 To discuss such matters as may be appropriate.

7.232 To elect, at the meeting immediately prior to the Annual Meeting, the Chair-Elect, and three members of the Governing Council; and to elect, at the meeting
immediately prior to the Annual Meeting in even numbered years, the delegate and alternate delegate.

7.233 To consider and vote upon such matters as may properly come before the meeting.

7.30 Medical Student Section. There shall be a Section for medical student members of the AMA.

7.31 Governing Council. There shall be a Governing Council of the Medical Student Section.

7.311 Members. The Governing Council shall consist of the officers of the Medical Student Section and one member at-large of the Governing Council, all of whom except the Chair-Elect shall be elected at the Business Meeting of the Medical Student Section held prior to the Annual Meeting of the AMA. The Chair-Elect shall be elected at the Business Meeting of the Medical Student Section held prior to the Interim Meeting of the AMA. All members of the Governing Council must be medical student members of the American Medical Association. No more than one voting member of the Governing Council may be elected from any one state. The Speaker, Vice Speaker and the Immediate Past Presiding officer shall be, ex-officio, a non-voting member of the Governing Council.

7.312 Term and Tenure. Governing Council members, with the exception of the Chair-Elect, shall serve one year terms, beginning at the conclusion of the Annual Meeting at which they were selected and ending at the conclusion of the next Annual Meeting of the AMA. Prior to serving the one-year term as Chair, the Chair-Elect shall serve for six months ex-officio as a non-voting member of the Governing Council. The Chair-Elect shall automatically succeed to the office of Chair upon completion of the Chair-Elect term. Voting members of the Governing Council shall serve for no more than two terms.

7.313 Duties. The Governing Council shall direct the programs and activities of the Medical Student Section, subject to the approval of such programs and activities by the Board of Trustees or the House of Delegates of the American Medical Association.

7.314 Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Business Meeting of the Medical Student Section. The new member shall be selected for the remainder of the unexpired term in the same manner as the original selection was made, as outlined in 7.311.

7.3141 Temporary Appointment. If a vacancy on the Governing Council occurs more than thirty (30) days prior to the next Assembly meeting, the Governing Council may appoint a medical student member of the AMA to fill the vacancy until the next Business Meeting of the Medical Student Section when an election shall be held pursuant to rules adopted by the
Medical Student Section.

7.315 Officers. The Officers of the Medical Student Section and their duties shall be as follows:

7.3151 Chair-Elect. The Chair-Elect shall assist the other officers in the discharge of their duties.

7.3152 Chair. The Chair shall preside at all meetings of the Governing Council of the Medical Student Section and shall otherwise represent the Section when appropriate.

7.3153 Vice Chair. The Vice Chair shall preside at meetings of the Governing Council in the absence of the Chair or at the request of the Chair. The Vice Chair shall assist the Chair in the performance of his or her duties.

7.3154 Delegate and Alternate Delegate. The delegate and alternate delegate shall represent the Medical Student Section in the AMA House of Delegates.

7.3155 At Large Member of Governing Council. The At-Large Member of the Governing Council shall assist the officers in the performance of their duties.

7.316 Election of Officers. The Officers of the Medical Student Section shall be elected in the following manner:

7.3161 Election Procedure for Chair-Elect. The election of the Chair-Elect shall be conducted as follows at the Business Meeting of the Medical Student Section held prior to the Interim Meeting of the Association:

7.31611 Nomination. Nomination for the office of Chair-Elect shall be received in advance of the Interim Meeting pursuant to the rules of the Medical Student Section. Further nominations may be made from the floor of the Business Meeting at a time determined by the Governing Council.

7.31612 Election. Each voting representative to the Business Meeting who is present at the meeting may cast a written ballot for the election of the Chair-Elect from among those nominated for that office. Balloting shall be conducted pursuant to the rules of the Medical Student Section. Election to the office of the Chair-Elect requires a majority of the legal votes cast. If no candidate receives a majority of the legal votes cast, a run-off election will be held between the two candidates with the
highest number of votes.

7.3162 Procedure for Election of all Other Officers. The election of all officers other than the Chair-Elect shall be held at the Business Meeting preceding the Annual Meeting of the AMA and shall be conducted as follows:

7.31621 Nomination. Nominations for the office of Vice Chair, Delegate, Alternate Delegate, and At-Large Member shall be received in advance of the Annual Meeting pursuant to the rules of the Medical Student Section. Further nominations may be made from the floor of the Business Meeting at a time determined by the Governing Council.

7.31622 Election. Each voting representative to the Business Meeting who is present at the meeting may cast a written ballot containing three votes, one vote each for the election of a Vice Chair, Delegate and At-Large Member, from among those nominated for those respective offices. After the election of the Delegate, the election of the Alternate Delegate shall be held. Ballotting shall be conducted pursuant to the rules of the Medical Student Section. Election to each office requires a majority of the legal votes cast. If no candidate receives a majority of the legal votes cast for any office, a run-off election will be held for the open office between the two candidates with the highest number of votes.

7.32 Business Meeting. There shall be a Business Meeting of members of the Medical Student Section. The Business Meeting shall be held prior to each meeting of the AMA House of Delegates at a time and place designated by the Executive Vice President.

7.321 Representatives to the Business Meeting.

7.3211 Representatives. The AMA medical student members of each program accredited by the Liaison Committee on Medical Education or the American Osteopathic Association may select one voting member and one alternate member who must be medical student members of the AMA. The members so selected shall be properly certified to the Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

7.3212 Medical School Campus. The AMA medical student members of a school as defined in 7.3211 that has more than one campus may select a voting member and an alternate from each campus. The members selected must be medical student members of the AMA and shall be properly certified to the Governing Council of the Medical Student
Section. For purposes of this section a separate campus is defined as a separate facility in a city other than where the main campus is located, and where part of the medical school student body is assigned for some portion of their instruction over a period of time not less than an academic year.

7.32121 Request to seat a voting representative from a campus other than the main campus of the school must be submitted to the Medical Student Section at least ninety (90) days in advance of the first meeting at which the representative will be seated. The Governing Council of the Medical Student Section shall establish appropriate rules for credentialing all representatives.

7.32122 The AMA medical student members of the Charles R. Drew University of Medicine and Science campus of the University of California at Los Angeles Medical School may select one voting member and one alternate member to represent the campus at the business meeting of medical student members. Both the voting member and the alternate member must be medical student members of AMA and must be properly certified to the Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

7.3213 Specialty Organizations. Those national medical specialty organizations that have been granted representation in the AMA House of Delegates and have established a medical student component may be represented at the Business Meeting of the Medical Student Section by one voting member and one alternate selected by the medical student members of the specialty organization, both of whom must be medical student members of AMA and must be properly certified to the Governing Council of the Medical Student Section. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty organization has established a medical student membership component so as to qualify for representation at the Business Meeting of the Section. The procedure by which the medical student representative from the specialty organization is selected must meet the requirements established by the Governing Council.

7.3214 National Medical Student Organizations. National medical student organizations that have been granted representation in the Medical Student Section Business Meeting pursuant to the provisions of these Bylaws may select one voting member and one alternate member, both of whom must be medical student members of the American Medical Association. The members so selected shall be properly certified to the
Governing Council of the Medical Student Section in accordance with rules established by the Governing Council.

7.32141 Criteria for Eligibility. National medical student organizations that meet the following criteria may be considered for representation in the AMA Medical Student Section Business Meeting:

a. The organization must be national in scope.
b. The organization must be composed solely of medical students enrolled in a Liaison Committee on Medical Education or American Osteopathic Association accredited program.
c. Membership in the organization must be available to all medical students, without discrimination.
d. The purposes and objectives of the organization must be consistent with the AMA's purposes and objectives.
e. The organization's code of medical ethics must be consistent with the AMA's Principles of Medical Ethics.

7.32142 Procedure. The organization must submit a written application containing sufficient information to establish that the organization meets the criteria described in Section 7.32141. The application must also include the following:
a. The organization's charter, constitution, bylaws and code of medical ethics.
b. A list of the sources of the organization's financial support, other than the dues of its medical student members.
c. A list or description of all of the organization's affiliations.
d. Such additional information as may be requested.

The Governing Council shall review the application. If it recommends that the organization be granted representation in the Medical Student Section Business Meeting, the recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the organization may be represented in the Medical Student Section Business Meeting.

7.32143 Biennial Review Process. Each national medical student organization represented in the Medical Student Section Business Meeting must reconfirm biennially that it continues to meet the criteria for eligibility by submitting such information and documentation as may be required by the Governing Council.
7.32144 **Rights and Responsibilities.** National medical student organizations granted representation in the Medical Student Section Business Meeting shall have the following rights and responsibilities:

a. Full voting rights in the Business Meeting, including the right to vote in any elections at the conclusion of a two year probationary period with regular attendance.

b. Shall not be eligible for election to any office in the AMA Medical Student Section.

c. To present its policies and opinions in the Business Meeting.

d. It shall require its representatives to report on the actions of the AMA Medical Student Section.

e. It shall cooperate in enhancing the AMA Medical Student Section membership.

7.32145 **Discontinuance of Representation.** The Governing Council may recommend discontinuance of the representation by a national medical student organization on the basis that the organization fails to meet the criteria in 7.32141, has failed to maintain its responsibilities in 7.32144, or has failed to attend the Business Meeting of the AMA Medical Student Section. The recommendation shall be submitted to the AMA Board of Trustees for review. If approved by the AMA Board of Trustees, the representation of the national medical student organization in the AMA Medical Student Section Business Meeting shall be discontinued.

7.322 **Quorum.** Twenty-five percent (25%) of the voting members shall constitute a quorum, provided that at least ten percent (10%) of the voting members of each of the geographic regions defined by the Medical Student Section rules are present.

7.323 **Participation.** Only duly selected voting members to the Business Meeting of the Medical Student Section shall have the right to vote, but the meeting shall be open to all medical students. The meeting shall be conducted pursuant to established rules of procedure adopted by the Governing Council.

7.324 **Speaker and Vice Speaker.** A Speaker and a Vice Speaker shall be elected by the representatives to the Business Meeting of the Medical Student Section. Any medical student member of the American Medical Association shall be eligible for the position of Speaker and Vice Speaker.

7.3241 **Term and Tenure.** The Speaker and Vice Speaker shall serve one year
terms, beginning at the conclusion of the Annual Meeting at which they were elected and ending at the conclusion of the next annual meeting. No representative shall serve for more than two terms in each position.

7.3242 Duties of Speaker. The Speaker shall preside at the Business Meeting of the Medical Student Section and perform such duties as are customarily required by parliamentary procedure.

7.3243 Duties of Vice Speaker. The Vice Speaker shall officiate for the Speaker in the Speaker's absence or at the request of the Speaker.

7.3244 Vacancy. If the position of Speaker becomes vacant, the Vice Speaker shall succeed to the position of Speaker and serve the remainder of the unexpired term. If the position of Speaker becomes vacant while the position of Vice Speaker is also vacant, the representatives to the Business Meeting shall elect a successor to fill the unexpired term at the next Business Meeting. Until a successor is elected the Chair of the Governing Council shall preside at the Business Meeting.

7.3245 Voting Rights. If the presiding officer is a representative to the Business Meeting of the Medical Student Section, he or she shall be entitled to vote only when the vote is by ballot or to break a tie. If the presiding officer is not a representative to the Business Meeting of the Medical Student Section, he or she shall be entitled to vote only to break a tie.

7.3246 Governing Council. The Speaker and Vice Speaker are ex-officio, non-voting members of the Governing Council.

7.325 Purposes of the Meeting. The purposes of the meeting shall be:

7.3251 To hear such reports as may be appropriate.

7.3252 To elect, at the Business Meeting prior to the Annual Meeting of the AMA, the voting members of the Governing Council of the Medical Student Section, the officers pursuant to 7.315 and a Speaker and Vice Speaker.

7.3253 To elect, at the Business Meeting prior to the Interim Meeting of the AMA, a medical student member of the AMA to serve as a member of the AMA Board of Trustees for a term of one year beginning at the close of the next Annual Meeting of the AMA and concluding at the close of the second Annual Meeting of the AMA following the meeting at which the member was elected.
7.3254 To adopt procedures for election of delegates and alternate delegates for the Medical Student Regions established in 2.16.

7.3255 To elect, at the business meeting prior to the Interim Meeting of the AMA, delegates and alternate delegates for each Medical Student Region. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.3256 To adopt resolutions for submission by the Medical Student Section to the House of Delegates of the American Medical Association.

7.3257 To conduct such other business as may properly come before the meeting.

7.40 Organized Medical Staff Section. There shall be a Section for physicians representing medical staffs in hospitals and other delivery systems.

7.41 Membership. Membership in the Section shall be limited to physicians selected by physician members of the medical staffs of hospitals and other delivery systems. Selected physicians who are not AMA members may participate in the Section's Business Meeting as provisional members without the right to vote. Provisional members may attend a maximum of two Business Meetings.

7.42 Governing Council. There shall be a Governing Council of the Organized Medical Staff Section to direct the programs and activities of the Section, subject to the approval of the AMA Board of Trustees.

7.43 Officers and Members of Governing Council. Members of the Organized Medical Staff Section who also are AMA members shall be eligible to serve on the Governing Council. The officers shall be elected by the voting members of the Section. If an officer ceases to be a member of the Organized Medical Staff Section or the AMA for any reason at any time prior to the expiration of the respective term, the term shall end and the position shall be declared vacant.

7.431 Members. There shall be seven voting members of the Governing Council, consisting of the officers, delegate, alternate delegate and two Governing Council members elected at the Business Meeting of the Section as provided in 7.443(d) of these Bylaws. In addition, the Immediate Past Chair of the Governing Council shall serve, ex-officio, as a voting member of the Governing Council for one year only, to provide continuity in the leadership of the Section.

7.432 Officers. The officers of the Section shall have the following duties and responsibilities.

7.4321 Chair. The Chair shall preside at the Business Meetings of the Section and at meetings of the Governing Council.
7.4322 Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at the request of the Chair.

7.4323 Secretary. The Secretary shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.

7.4324 Delegate and Alternate Delegate. The delegate and alternate delegate shall represent the members of the Section in the AMA House of Delegates.

7.433 Term. Governing Council members, including the delegate and alternate delegate, shall serve a term of two years, beginning at the conclusion of the Annual Meeting at which they were elected and ending at the conclusion of the second Annual Meeting after their election. The provisions of this Bylaw shall not be applicable to the Immediate Past Chair, whose term is specified in Bylaw 7.431.

7.434 Tenure. Governing Council members shall serve for no more than two consecutive terms in the same position on the Governing Council, except that the delegate and alternate delegate shall serve no more than three consecutive terms. A member elected to serve an unexpired term shall not be regarded as having served a term. The provisions of this Bylaw shall not be applicable to the Immediate Past Chair, whose total tenure is limited to one year under Bylaw 7.431.

7.435 Vacancies. Any vacancy occurring on the Governing Council shall be filled at the next Business Meeting of the Section.

7.44 Business Meeting. There shall be a Business Meeting of members of the Section held on a day prior to each Annual and Interim Meeting of the House of Delegates at a time and place designated by the Executive Vice President.

7.441 Representatives to the Business Meeting. The physician members of the medical staff of each hospital and delivery system meeting the requirements established by the Governing Council may select one or more representatives to the Business Meeting of the Organized Medical Staff Section. The representatives must be active voting members of the medical staff with clinical privileges at the hospital or delivery system. Selected physicians who are not AMA members may participate in the Business Meeting as provisional representatives without the right to vote. Provisional representatives may attend a maximum of two Business Meetings.

7.4411 Representatives to the Business Meeting shall be selected by and from the voting members of the medical staff of each hospital or delivery system.
Selected representatives to the Business Meeting shall be properly certified by the President or Secretary of the medical staff.

7.4412 Members of the Governing Council who have completed their terms and the Chairs of State Medical Association Hospital Medical Staff Sections or Organized Medical Staff Sections may be seated as ex-officio representatives to the Business Meeting, provided they are AMA members and the Chairs of State Medical Association Hospital Medical Staff Sections or Organized Medical Staff Sections and are properly certified by the President or Secretary of the State Medical Association. Ex-officio representatives have the right to speak and debate in the meeting but do not have the right to introduce business, introduce an amendment, make a motion or vote.

7.4413 All Past Chairs of the AMA Organized Medical Staff Section may attend the Business Meeting of the Section as ex-officio members. They shall have the right to speak and debate in the meeting, but do not have the right to introduce business, introduce an amendment, make a motion, or vote.

7.442 Rules of Order. The Business Meeting shall be open to any member of the Organized Medical Staff Section or the AMA. Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the AMA Board of Trustees. The rules of procedure may specify the rights and privileges of Section members, including any additional limitations on participation or vote.

7.443 Purposes of the Business Meeting. The purposes of the Business Meeting shall be:

a. To hear such reports as may be appropriate.
b. To consider and vote upon such matters as may properly come before the meeting.
c. To adopt resolutions for submission by the Section to the House of Delegates of the American Medical Association.
d. To elect, at the Business Meeting prior to the Annual Meeting of the AMA House of Delegates in even numbered years, a Chair, Vice Chair, Secretary, delegate, alternate delegate and two members of the Governing Council of the Section.
e. To conduct such other business as may properly come before the meeting.

7.444 Quorum. A quorum for the business meeting at the Organized Medical Staff Section shall include only credentialed, registered representatives qualified to vote, and shall be recommended by the Governing Council and approved by the
Board of Trustees.

7.50 Young Physicians Section. There shall be a Section for young physician members of the American Medical Association which shall be known as the Young Physicians Section.

7.51 Membership. All active physician members of the American Medical Association who are not resident/fellow physicians serving in an approved training program, but who are under 40 years of age or are within the first eight (8) years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.52 Governing Council. There shall be a Governing Council of the Young Physicians Section that shall have the responsibility of directing the activities of the Section, subject to the approval of the Board of Trustees.

7.53 Officers and Members of Governing Council. The Young Physicians Section shall have the following officers, who shall be the members of the Governing Council. Any member of the Young Physicians Section, as defined in Bylaw 7.51 above, shall be eligible for election to the Governing Council. If any such officer ceases to meet the membership requirements of Bylaw 7.51 prior to the expiration of the term for which the officer was elected, the term of such officer shall thereupon terminate and the position shall be declared vacant. If any officer’s term would terminate prior to the conclusion of an Annual Meeting, such officer shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer ceases to meet the membership requirements of Bylaw 7.51, as long as the officer remains an active physician member of the American Medical Association. The proceeding provision shall not apply to the Chair-Elect. Notwithstanding the immediately preceding provision of this section, the Immediate Past Chair shall be permitted to complete his or her term of office even if the Immediate Past Chair is unable to continue to meet all of the membership requirements of Bylaw 7.51, as long as the individual remains an active physician member of the American Medical Association.

7.531 Chair-Elect, Chair, Immediate Past Chair.

7.5311 Duties. The Chair shall preside at all Business Meetings of the Young Physicians Section and the Governing Council. The Chair-Elect shall assist the Chair and preside at meetings in the absence of the Chair or at the Chair’s request. The Immediate Past Chair shall attend all meetings of the Section and the Governing Council and shall assist and advise the Chair.

7.5312 Term. A Chair-Elect shall be elected annually at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. The member elected shall assume office at the conclusion of the Annual Meeting at which the election was held and shall serve until the
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conclusion of the next Annual Meeting; whereupon, the Chair-Elect shall succeed to the office of Chair and shall serve in that office for one year until the conclusion of the next Annual Meeting; whereupon, the Chair shall become Immediate Past Chair and shall serve in that office for one year until the conclusion of the next Annual Meeting.

7.5313 Vacancy. In the event the office of Chair shall become vacant for any reason, the office shall remain vacant until the conclusion of the next Annual Meeting of the AMA, at which time the Chair-Elect shall succeed to the office of Chair. During any vacancy in the office of Chair, the duties and responsibilities of the office shall be assumed by the Chair-Elect. In the event the office of Chair shall become vacant while the office of Chair-Elect is vacant, both offices shall be filled by election at the next Business Meeting of the Section. The office of Chair shall be filled before an election is held to fill the office of Chair-Elect. Those elected shall serve the unexpired term remaining for each office.

7.532 Delegate and Alternate Delegate.

7.5321 Duties. The delegate and alternate delegate shall represent the Young Physicians Section in the AMA House of Delegates.

7.5322 Term. The delegate shall be elected in even numbered years at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. The alternate delegate shall be elected in odd numbered years at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. Those elected shall assume office at the conclusion of the Annual Meeting at which the election was held and shall serve until the conclusion of the second Annual Meeting after they assume office.

7.5323 Tenure. The delegate and alternate delegate shall serve in each respective office for no more than two terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served one full year or more.

7.5324 Vacancy. If the office of Delegate becomes vacant for any reason, the alternate delegate shall assume the office of Delegate and serve for the remainder of the unexpired term. If the office of alternate Delegate becomes vacant for any reason, at the next Business Meeting of the Section a successor shall be elected to serve the remainder of the unexpired term.

7.533 Two Governing Council Members At-Large.
7.5331 Duties. The Governing Council Members At-Large shall participate in all deliberations of the Governing Council.

7.5332 Term. One Governing Council Member At-Large shall be elected in odd numbered years at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. One Governing Council Member At-Large shall be elected in even numbered years at the Business Meeting of the Section held immediately prior to the Annual Meeting of the AMA. Those elected shall assume office at the conclusion of the Annual Meeting at which the election was held and shall serve until the conclusion of the second Annual Meeting after they assume office.

7.5333 Tenure. The Governing Council Members At-Large shall serve no more than two terms, but a member elected to serve an unexpired term shall not be regarded as having served a term unless such member has served one full year or more.

7.5334 Vacancy. In the event of a vacancy in the office of Governing Council Member At-Large, a successor shall be elected at the next Business Meeting of the Section to serve the remainder of the unexpired term.

7.54 Business Meeting. There shall be a Business Meeting of members of the Young Physicians Section held on a day prior to each Annual and Interim Meeting of the AMA House of Delegates, at a time and place designated by the Executive Vice President.

7.541 Delegates and Alternate Delegates to the Business Meeting.

7.5411 Constituent Associations. Each constituent medical association shall be entitled to delegate representation based on the number of seats allocated to it by apportionment. In addition, unified constituent medical societies that are entitled to an additional delegate and additional alternate delegate pursuant to Section 2.112 shall be entitled to an additional delegate and alternate delegate to participate in the Business Meeting.

7.5411 Apportionment. The apportionment of delegates and alternate delegates from each constituent association is one delegate and one alternate delegate for each thousand (1,000), or fraction thereof, members of the AMA Young Physicians Section who are members of the constituent association, as recorded in the office of the Executive Vice President of the AMA on December 31 of each year.

7.5412 Effective Date. Such apportionment shall take effect the ensuing January 1 and shall remain effective for one (1) year
thereafter. In January of each year the Executive Vice President of the AMA shall notify each constituent association of the number of seats in the AMA Young Physicians Section Business Meeting to which it is entitled during the current year.

7.541121 Retention of Delegate. If the membership information as recorded in the Office of the Executive Vice President of the American Medical Association on December 31 warrants a decrease in the number of delegates representing a constituent association, the constituent association shall be permitted to retain the same number of delegates, without decrease, for one additional year, but only if it promptly files with the Office of Executive Vice President of the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.54113 Gradual Phase-in of Apportionment. Notwithstanding the provisions of sections 7.54111 and 7.54112, constituent associations may increase their representation at the AMA Young Physicians Section Business Meeting consistent with the apportionment procedure described above but limited to an increase of two delegates and alternate delegates per year beginning with the AMA Young Physicians Section Business Meeting to be held immediately prior to the 1991 Annual Meeting of the AMA House of Delegates.

7.54114 Selection of Delegates. Young physician members in each constituent association shall select the delegates and alternate delegates to the Business Meeting of the AMA Young Physicians Section. The procedure by which the delegates to the Business Meeting of the AMA Young Physicians Section are selected must be consistent with the rules and criteria established by the AMA Young Physicians Section Governing Council for that purpose.

7.54115 Refusal to Seat Delegates. The Young Physicians Section Governing Council shall review the procedures used by constituent associations to select delegates to the AMA Young Physicians Section Business Meeting. On the recommendation of the Governing Council, the delegates to the AMA Young Physicians Section Business Meeting may vote to refuse to seat delegates that have not been selected in a manner consistent with the rules and criteria established by the Governing Council.
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7.5412 Federal Services. The Surgeons General of the United States Army, United States Navy, United States Air Force and United States Public Health Service shall each be entitled to select one voting delegate and one alternate delegate to serve in the Business Meeting of the Young Physicians Section.

7.5413 National Medical Specialty Organization. Those national medical specialty organizations that have been granted representation in the AMA House of Delegates, and have established a young physician’s membership component, may each be represented at the Business Meeting of the Young Physicians Section by one voting delegate and one alternate delegate. In addition, unified national medical specialty organizations that are entitled to an additional delegate and additional alternate delegate pursuant to Section 2.122 shall be entitled to an additional delegate and alternate delegate to participate in the Business Meeting. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty organization has established a Young Physicians membership component so as to qualify for representation at the Business Meeting of the Section. The procedure by which the young physician delegate and alternate delegate from the specialty organization is selected must meet the requirements established by the Governing Council.

7.5414 Qualifications. Each delegate and alternate delegate to the Business Meeting of the Young Physicians Section must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in 7.51. However, a delegate or alternate delegate who becomes ineligible for membership in the Section shall be permitted to continue service until the end of the calendar year in which ineligibility occurs, as long as active membership in the AMA is maintained. If a delegate or alternate delegate is elected to the Governing Council of the Young Physicians Section, that delegate or alternate delegate shall be required to resign as a delegate or alternate delegate to the Business Meeting. The delegate’s or alternate delegate’s constituent association, service or specialty organization may thereupon fill the vacancy so created.

7.5415 Quorum. Thirty (30) voting delegates shall constitute a quorum for the Business Meeting of the Young Physicians Section.

7.542 Rules of Order. The Business Meeting of the Young Physicians Section shall be conducted pursuant to established rules of procedure adopted by the Governing Council, subject to the approval of the Board of Trustees. Only delegates to the
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Business Meeting shall have the right to vote during the meeting, and the Chair shall have the right to vote only in case of a tie, but any member of the Young Physicians Section shall have the right to participate in discussions during the Business Meeting pursuant to the rules of procedure adopted for the meeting. The meeting of the Young Physicians Section shall be open to any member of the American Medical Association.

7.543 Purposes. The purposes of the business meeting shall be:

7.5431 To hear such reports as may be appropriate.

7.5432 To consider and adopt resolutions for submission by the Young Physicians Section to the AMA House of Delegates.

7.5433 To consider and vote upon such matters as may properly come before the meeting.

7.5434 To elect at the Business Meeting prior to the Annual Meeting of the AMA House of Delegates the officers and members of the Governing Council of the Section as provided in 7.53.

7.5435 To conduct such other business as may properly come before the meeting.

7.60 International Medical Graduates Section. There shall be a Section for physician members of the American Medical Association which shall be known as the International Medical Graduates (IMG) Section.

7.61 Membership. All active physician members of the AMA who are international medical graduates shall be members of the International Medical Graduates Section.

7.62 Governing Council. There shall be a Governing Council of the International Medical Graduates Section that shall have the responsibility of directing the programs and activities of the Section, subject to the approval of the Board of Trustees.

7.63 Officers and Members of Governing Council. Members of the IMG Section who also are AMA members shall be eligible to serve on the Governing Council. The officers and Delegate and Alternate Delegate shall be elected by the members of the Section. If an officer or the Delegate or Alternate Delegate ceases to be a member of the IMG Section or the AMA for any reason at any time prior to the expiration of the respective term, the term shall end and the position shall be declared vacant.

7.631 Members. There shall be seven voting members of the Governing Council, consisting of the Chair, Vice Chair, Secretary, one member at large, a resident/fellow physician, the Delegate and the Alternate Delegate.
7.632 Duties and Responsibilities. The members of the Governing Council shall have the following duties and responsibilities:

7.6321 Chair. The Chair shall preside at the business meetings of the Section and at meetings of the Governing Council.

7.6322 Vice Chair. The Vice Chair shall assist the Chair and preside in the absence of the Chair or at the request of the Chair.

7.6323 Secretary. The secretary shall maintain such records as may be necessary or advisable for the conduct of the activities of the Section.

7.6324 One Governing Council Member At-Large. The Governing Council Member At-Large shall participate in all deliberations of the Governing Council.

7.6325 Resident/Fellow Physician Member. The resident/fellow physician member shall participate in all deliberations of the Governing Council.

7.6326 Delegate and Alternate Delegate. The Delegate and Alternate Delegate shall represent the Section in the House of Delegates and participate in the deliberations of the Governing Council.

7.633 Terms. Governing Council members including the Delegate and Alternate Delegate shall serve a term of two years.

7.6331 Resident/Fellow Physician Member. If the resident/fellow physician member ceases to be a participant in an approved training program at any time prior to the expiration of the term for which elected, the service of such resident/fellow physician member on the Governing Council shall thereupon terminate, and the position shall be declared vacant.

7.634 Tenure. Governing Council members other than the Delegate and Alternate Delegate shall serve no more than two consecutive terms in the same position on the Governing Council. The Delegate and the Alternate Delegate shall serve no more than three consecutive terms. A member elected to serve an unexpired term shall not be regarded as having served a term.

7.635 Vacancies. Any vacancy occurring on the Governing Council including the Delegate or Alternate Delegate shall be filled at the next business meeting of the Section.

7.64 Business Meeting. There shall be a business meeting of members of the Section held on a day prior to each Annual and Interim Meeting of the House of Delegates at a time and place designated by the Executive Vice President of the AMA.
7.641 Purposes of the Business Meeting. The purposes of the business meeting shall be: (i) to hear such reports as may be appropriate; (ii) to consider and vote upon such matters as may properly come before the meeting; (iii) to adopt resolutions for submission by the Section to the House of Delegates of the AMA; (iv) to elect, at the business meeting prior to the Annual Meeting of the AMA House of Delegates, members of the Governing Council; and (v) to conduct such other business as may properly come before the meeting.

7.642 Participants at the Business Meeting. Any member of the Section may participate in the Section's business meeting.

7.643 Rules of Order. All Section members who are AMA members shall have the right to vote at the business meeting of the Section, and the meeting shall be open to any member of the Section or the AMA. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council of the Section and approved by the AMA Board of Trustees.

7.644 Elections. Three Governing Council members shall be elected at the business meeting of the Section held immediately prior to the Annual Meeting of the Association in even numbered years and four, including the Delegate and Alternate Delegate, in odd numbered years, with these members assuming office at the conclusion of the Annual Meeting at which the election was held. Elections shall be completed in the following manner.

7.6441 Method of Election. Nominees for each position shall be listed alphabetically on the ballot. A nominee shall be elected if he or she has received a vote on a majority of the legal ballots cast and is one of the nominees receiving the largest number of votes within the number of members to be elected.

7.6442 Run-Off Ballot. A run-off election shall be held to fill any vacancy which cannot be filled because of a tie vote.

7.6443 Subsequent Ballots. The nominees on subsequent ballots shall be determined by retaining those who received the greater number of votes on the preceding ballot and eliminating the nominee who received the fewest number of votes on the preceding ballot for each office, except where there is a tie.

8.00 Representation of National Medical Specialty Organizations and Professional Interest Medical Associations in the House of Delegates

8.10 Representation in the House of Delegates. National medical specialty organizations and
professional interest medical associations qualifying under the Bylaws shall be eligible for representation in the House of Delegates.

8.20 Purposes. The purposes of Section 8.00 are:

8.201 To provide a mechanism for national medical specialty organizations and professional interest medical associations to participate in the deliberations of the House of Delegates;

8.202 To establish a system for effective and efficient mutual communications between the AMA and national medical specialty organizations; and professional interest medical associations; and

8.203 To provide for input and participation in AMA activities by national medical specialty organizations and professional interest medical associations.

8.30 Specialty and Service Society. There shall be a special unit of the American Medical Association designated as the Specialty and Service Society (SSS). It shall be established for the following purposes:

8.301 To implement and facilitate the accomplishment of the purposes set forth in 8.20;

8.302 To provide a process for granting specialty organizations and professional interest medical associations representation in the AMA House of Delegates;

8.303 To provide a procedure for the periodic review of the qualifications of specialty organizations and professional interest medical associations for retention of representation in the AMA House of Delegates;

8.304 To provide a mechanism for terminating, when appropriate, the representation of a specialty organization or a professional interest medical association in the AMA House of Delegates; and

8.305 To maintain positive and mutually supportive working relationships between the AMA and specialty societies and professional interest medical associations and among specialty societies and professional interest medical associations.

8.31 Standing Rules of Procedures. The SSS shall provide a forum for specialty organizations, professional interest medical associations and the federal medical services to promote their participation in the policies and activities of the American Medical Association. The members of the SSS shall adopt standing rules of procedure for the conduct of the business and activities of the SSS. The standing rules of procedure and any amendments to the standing rules of procedure shall become effective upon approval by the AMA Board of Trustees.
8.32 Membership. The members of the SSS must be members of the American Medical Association. Membership in the SSS shall also be provided to one (1) representative and one (1) alternate representative of a specialty organization as well as one (1) representative and one (1) alternate representative of a professional interest medical association who has been accepted for membership in SSS but who has not yet been granted representation in the House of Delegates of the AMA.

8.321 Voting Privileges. Voting privileges will be granted as follows:

8.3211 Delegates: Delegates from specialty organizations, professional interest medical associations and federal and military services granted representation in the House of Delegates, or alternate delegates seated for delegates, shall have full voting rights on all matters within the SSS.

8.3212 Alternate Delegates: Alternate delegates from specialty organizations, professional interest medical associations and federal and military services granted representation in the AMA House of Delegates shall have full voting rights on all matters within the SSS, except on representation issues. Alternate delegates, when seated for a delegate, may vote on recommendations that a specialty organization or a professional interest medical association be granted representation in the AMA House of Delegates, or whether to retain a specialty organization's or a professional interest medical association's representation in the AMA House of Delegates on periodic review, or to terminate the representation of a specialty organization or professional interest medical association in the AMA House of Delegates.

8.3213 Representatives and Alternate Representatives: Representatives from specialty organizations and professional interest medical associations that are members of SSS, but are not granted representation in the AMA House of Delegates, or alternate representatives seated for representatives, shall have voting privileges on all business of the SSS, with the exception of the election of officers or other members of the SSS Governing Council and representation issues including: recommendations that a specialty organization or a professional interest medical association be granted representation in the AMA House of Delegates, or whether to retain a specialty organization's or professional interest medical association's representation in the AMA House of Delegates on periodic review, or to terminate the representation of a specialty organization or professional interest medical association in the AMA House of Delegates.

8.33 Officers. The officers of the SSS shall be a Chair-Elect; Chair; an Immediate Past Chair; and a Secretary. Only members with voting privileges who are delegates or alternate delegates in the AMA House of Delegates shall be eligible to hold office in the SSS.
8.331 Chair-Elect. At the SSS meeting immediately prior to each Annual Meeting of the AMA House of Delegates, the members of the SSS shall elect, from the voting members, a Chair-Elect who shall take office at the conclusion of the Annual Meeting and serve in that office until the conclusion of the next Annual Meeting.

8.332 Chair. At the conclusion of the Annual Meeting of the AMA House of Delegates one year after the election of the Chair-Elect, the individual so elected shall succeed to the office of Chair and serve in that office until the conclusion of the next Annual Meeting.

8.333 Immediate Past Chair. At the conclusion of the Annual Meeting of the AMA House of Delegates one year after the Chair took office, the individual shall succeed to the office of Immediate Past Chair and serve in that office until the conclusion of the next Annual Meeting.

8.334 Secretary. At the SSS meeting immediately prior to each Annual Meeting of the AMA House of Delegates the members shall elect from the voting members, a Secretary who shall take office at the conclusion of the Annual Meeting and serve until the conclusion of the next Annual Meeting. The Secretary shall be eligible for re-election to a maximum tenure of three terms.

8.34 Governing Council. There shall be a Governing Council of the SSS to direct the programs and activities of the SSS, which shall be subject to the approval of the Board of Trustees. The Governing Council shall be comprised of the officers and four at-large members.

8.341 At-Large Members. There shall be four at-large members of the Governing Council, elected from the voting members for a two-year (2) term and eligible for re-election for a maximum tenure of three two-year terms. Two at-large members shall be elected in odd-numbered years and two at-large members shall be elected in even-numbered years. The at-large members shall be elected at the SSS meeting immediately prior to the Annual Meeting of the AMA House of Delegates. The members elected shall take office at the conclusion of the Annual Meeting and serve until the conclusion of the second Annual Meeting following the election.

8.342 Method of Election. Members of the Governing Council shall be elected pursuant to procedures set forth in the SSS Standing Rules.

8.35 Meetings of SSS. There shall be a meeting of the members of the SSS held on a day prior to each Annual and Interim Meeting of the AMA House of Delegates at a time and place designated by the Executive Vice President.

8.351 Rules of Order. The Chair of the SSS shall be the presiding officer for all meetings of the SSS. In the absence of the Chair, the Chair-Elect shall preside.
The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council and approved by the AMA Board of Trustees.

8.352 Purposes of the Meeting. The purposes of the meeting shall be:
   a. To hear such reports as may be appropriate.
   b. To consider and vote upon such matters as may properly come before the meeting.
   c. To elect, at the meeting convened prior to the Annual Meeting of the AMA House of Delegates, a Chair-Elect, a Secretary and at-large Members of the Governing Council.
   d. To conduct such other business as may properly come before the meeting.

8.353 Quorum. Quorum for the meetings of SSS shall be provided in the Standing Rules of SSS and shall be approved by the Board of Trustees.

8.40 Application for Representation in the House of Delegates. Specialty organizations and professional interest medical associations seeking representation in the AMA House of Delegates must first apply for membership in SSS.

8.41 The SSS must decide on the specialty organization's or professional interest medical association's eligibility for membership in the SSS based on criteria established in the Standing Rules of the SSS, and pursuant to the procedures for granting membership in the SSS as set forth in the Standing Rules of the SSS.

8.42 A specialty organization and a professional interest medical association must be a member of the SSS for at least three (3) years to be eligible for representation in the AMA House of Delegates.

8.43 Eligible specialty organizations or professional interest medical associations seeking representation in the House of Delegates shall submit an application to the SSS for consideration and request a recommendation. The SSS shall make a recommendation to the AMA House of Delegates through the AMA Board of Trustees as to the specialty organization's or professional interest medical association's qualifications for representation in the AMA House of Delegates. Such recommendation shall be based on all of the current guidelines adopted by the House of Delegates for granting representation in the AMA House of Delegates. The recommendation shall be developed pursuant to the procedures set forth in the SSS Standing Rules.

8.431 If the recommendation of SSS is positive:

   8.4311 If the House of Delegates approves the application, the specialty organization or the professional interest medical association is granted the right to representation in the AMA House of Delegates.

   8.4312 If the House of Delegates rejects the application, the specialty
organization or the professional interest medical association is not granted representation in the AMA House of Delegates. The specialty organization or the professional interest medical association does retain its membership in the SSS and may reapply for representation in the AMA House of Delegates pursuant to the provisions of the Standing Rules of the SSS.

8.432 If the recommendation of SSS is negative:

8.4321 The House of Delegates may accept the application and vote to grant the specialty organization or the professional interest medical association representation in the House of Delegates. The specialty organization or the professional interest medical association is thereby granted the right to such representation.

8.4322 If the House of Delegates rejects the application the specialty organization or the professional interest medical association is not granted representation in the AMA House of Delegates.

8.43221 The SSS must consider and decide whether to continue the membership of the specialty organization or the professional interest medical association in the SSS, pursuant to the criteria and the procedures provided in the Standing Rules of the SSS.

8.43222 If it is decided that the specialty organization or the professional interest medical association will retain its membership in the SSS, the specialty organization or the professional interest medical association may reapply for representation in the AMA House of Delegates pursuant to the procedures provided in the Standing Rules of the SSS.

8.50 Periodic Review Process. Each specialty organization and professional interest medical association represented in the House of Delegates must reconfirm its qualifications for representation by demonstrating every five (5) years that it continues to meet the current guidelines required for granting representation in the House of Delegates, and that it has complied with the responsibilities imposed under Section 8.70 of these Bylaws. The SSS may determine and recommend that organizations currently classified as specialty organizations be reclassified as professional interest medical associations. Each specialty organization and professional interest medical association represented in the House of Delegates must submit the information and data required by the SSS to conduct the review process. This information and data shall include a description of how the specialty organization or the professional interest medical association has discharged the responsibilities required under Section 8.70 of these Bylaws.

8.51 Specialty organizations and professional interest medical associations granted

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representation in the House of Delegates will be notified by the SSS of the time of their review.

8.52 The SSS will provide the specialty organization or the professional interest medical association with the results of the review process approximately one year prior to submitting its report thereon to the House of Delegates, provided that the specialty organization or the professional interest medical association has promptly furnished the information and data requested by the SSS for the review. Any delay in providing the requested information and data will result in a corresponding decrease in the amount of advance notice to the specialty organization or the professional interest medical association before the SSS report is presented to the House of Delegates.

8.53 If a specialty organization or a professional interest medical association fails or refuses to provide the information and data requested by the SSS for the review process, so that the SSS is unable to conduct the review process, the SSS shall so report to the House of Delegates through the AMA Board of Trustees. In response to such report, the House of Delegates may terminate the representation of the specialty organization or the professional interest medical association in the House of Delegates by majority vote, or may take such other action as it deems appropriate.

8.54 If the SSS report of the review process finds the specialty organization or the professional interest medical association to be in noncompliance with the current Guidelines for Representation in the House of Delegates or the responsibilities under Section 8.70 of these Bylaws, the specialty organization or the professional interest medical association will have a grace period of one (1) year to bring itself into compliance.

8.55 Another review of the specialty organization's or the professional interest medical association's compliance with the current Guidelines for Representation in the House of Delegates and the responsibilities under Section 8.70 of these Bylaws will then be conducted and the SSS will submit a report to the House of Delegates through the AMA Board of Trustees at the end of the one year (1) grace period.

8.551 If the specialty organization or the professional interest medical association is then found to be in compliance with the current Guidelines for Representation in the House of Delegates and the responsibilities under Section 8.70 of these Bylaws, the specialty organization or the professional interest medical association will continue to be represented in the House of Delegates and the current review process is completed.

8.552 If the specialty organization or the professional interest medical association is then found to be in noncompliance with the current Guidelines for Representation in the House of Delegates, or the responsibilities under Section 8.70 of these Bylaws, the House may take one of the following actions:

8.5521 The House of Delegates may continue the representation of the specialty
organization or the professional interest medical association in the House of Delegates, in which case the result will be the same as in Section 8.551.

8.5522 The House of Delegates may terminate the representation of the specialty organization or the professional interest medical association in the House of Delegates. The specialty organization or the professional interest medical association shall remain a member of the SSS, pursuant to the provisions of the Standing Rules of the SSS. The specialty organization or the professional interest medical association may apply for reinstatement in the AMA House of Delegates, through the SSS, when it believes it can comply with all of the current guidelines for representation in the House of Delegates.

8.60 Qualifications and Terms of Delegates. The delegate and alternate delegate selected by a national medical specialty organization or a professional interest medical association to serve in the House of Delegates shall have the qualifications provided in Section 2.101 of these Bylaws and shall be selected for the terms provided in Section 2.221 of these Bylaws.

8.70 Responsibilities of National Medical Specialty Organizations and Professional Interest Medical Associations. Each national medical specialty organization and professional interest medical association represented in the House of Delegates shall have the following responsibilities:

8.701 To cooperate with the AMA in increasing its AMA membership.

8.702 To keep its delegate to the House of Delegates fully informed on the policy positions of the organization or association so that the delegate can properly represent the organization or association in the House of Delegates.

8.703 To require its delegate to report to the organization on the actions taken by the House of Delegates at each meeting.

8.704 To disseminate to its membership information as to the actions taken by the House of Delegates at each meeting.

8.705 To provide information and data to the AMA when requested.

8.80 Discontinuance of Representation. A specialty organization or a professional interest medical association that has been granted representation in the AMA House of Delegates will automatically have its representation terminated if it is not represented by a properly certified and seated delegate at three (3) consecutive meetings of the AMA House of Delegates, or at three (3) of five (5) consecutive meetings of the House of Delegates. The specialty organization or the professional interest medical association may continue as a member of the SSS pursuant to the provisions of the Standing Rules of the SSS, and may apply for representation in the AMA House.
of Delegates after three (3) additional years as a member of the SSS, under all of the provisions
for a new application.

8.90 Report by the Board of Trustees. The Board of Trustees shall report to the House of Delegates
on matters relating to specialty organization and professional interest medical association
representation in the House of Delegates and the status of the relationship of national medical
specialty organizations or professional interest medical associations to any approved examining
board whenever the Board of Trustees has information which it believes should be transmitted to
the House of Delegates or upon the specific request of the House of Delegates.

9.00 Specialty Section Councils

9.10 Titles.
Specialty Section Councils shall be established for the following specialties:

(A) Allergy
(B) Anesthesiology
(C) Cardiovascular Disease
(D) Clinical Pharmacology and Therapeutics
(E) Dermatology
(F) Digestive Diseases
(G) Diseases of the Chest
(H) Emergency Medicine
(I) Endocrinology
(J) Family and General Practice
(K) Federal and Military Medicine
(L) General Surgery
(M) Genetics
(N) Internal Medicine
(O) Neurological Surgery
(P) Neurology
(Q) Nuclear Medicine
(R) Obstetrics and Gynecology
(S) Ophthalmology
(T) Orthopedic Surgery
(U) Otolaryngology – Head and Neck Surgery
(V) Pathology
(W) Pediatrics
(X) Physical Medicine and Rehabilitation
(Y) Plastic, Reconstructive and Maxillofacial Surgery
(Z) Preventive Medicine
(AA) Psychiatry
(BB) Radiology
(CC) Urology

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9.20 Purpose.

9.21 Specialty Section Councils shall provide for deliberation and study of scientific educational and other appropriate interests and concerns of the specialty disciplines and the specialty organizations representing these disciplines within the American Medical Association.

9.22 The Section Council shall, on request, submit to the Board of Trustees nominations for AMA representatives to serve on approved Specialty Certifying Boards.

9.30 Composition.

9.31 National medical specialty organizations represented in the AMA House of Delegates may appoint representatives to the Specialty Section Council for the medical specialty in which the specialty organization participates. Such representatives must be members of the AMA.

9.32 Upon recommendation of the Specialty Section Council and approval of the AMA Board of Trustees, national medical specialty organizations which are not represented in the AMA House of Delegates may appoint representatives to the Specialty Section Council for the medical specialty in which the specialty organization participates.

9.33 The AMA Board of Trustees shall determine the number of representatives from each national medical specialty organization to the Specialty Section Council in which such organization will participate on the basis of the number of AMA members belonging to each such specialty organization.

9.40 Specialty Organization Delegate. The AMA delegate and alternate delegate from each national medical specialty organization represented in the House of Delegates shall also serve in the Specialty Section Council of their respective specialty.

9.50 Chair and Vice Chair. Each Specialty Section Council shall elect a Chair and Vice Chair from within its membership.

9.60 Rules and Regulations. Each Specialty Section Council shall adopt such rules and regulations as the Specialty Section Council deems appropriate for the conduct of its affairs, subject to the approval of the AMA Board of Trustees.

10.00 Scientific Assembly

10.10 Definition. The Scientific Assembly of the American Medical Association is defined in Article IX of the Constitution.
10.101 Rules and Regulations. All activities of the Scientific Assembly shall be conducted in accordance with rules and regulations promulgated from time to time by the Board of Trustees.

10.102 Meetings. The Scientific Assembly shall meet at such times and places as determined by the Board of Trustees.

11.00 Awards and Honors

11.10 Distinguished Service Award.

11.11 Award. This award shall consist of a suitable medal and a citation selected and approved by the Board of Trustees.

11.12 Eligibility. This award may be made to a member of the American Medical Association for meritorious services in the science and art of medicine.

11.13 Nominations and Selection. Names of prospective nominees, together with a brief statement of their qualifications for the award, shall be submitted to the Board of Trustees at least two months prior to the Interim Meeting of the House of Delegates. The Board of Trustees shall select the recipient from among the nominees submitted.

11.14 Endorsement. The name of the nominee selected by the Board of Trustees to receive the Distinguished Service Award shall be presented to the House of Delegates for its endorsement.

11.15 Presentation. The award shall be presented to the recipient selected by the Board of Trustees at the next Annual Meeting, or at a time and place designated by the Board of Trustees.

11.20 Citation of a Layman for Distinguished Service.

11.21 Award. This award shall consist of a suitable certificate of citation selected and approved by the Board of Trustees.

11.22 Eligibility. This award shall be made to a person not of the medical profession who has contributed to the achievement of the ideals of American medicine by aid and cooperation in the advancement of medical science, medical education, or medical care.

11.23 Nominations and Selection. Names of prospective nominees, together with a brief statement of their qualifications for the citation, shall be submitted to the Board of Trustees at least two months prior to the Interim Meeting of the House of Delegates. The Board of Trustees shall select the recipient from among the nominees submitted.
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11.24 Endorsement. The name of the nominee selected by the Board of Trustees to receive the Citation of a Layman for Distinguished Service shall be presented to the House of Delegates for its endorsement.

11.25 Presentation. The citation shall be presented to the recipient selected by the Board of Trustees at the next Annual Meeting, or at a time and place designated by the Board of Trustees.

11.30 Other Awards and Honors. Any other awards conferred by the American Medical Association shall be as authorized and approved by the Board of Trustees.

12.00 Miscellaneous

12.10 Parliamentary Procedure. In the absence of any provisions to the contrary in the Constitution and these Bylaws, all general meetings of the American Medical Association and all meetings of the House of Delegates, of the Board of Trustees, of Sections and of Councils and committees shall be governed by the parliamentary rules and usages contained in the then current edition of The Standard Code of Parliamentary Procedure.

12.20 Official Statements. Memorals, resolutions, or opinions of any character whatever which conflict with the policies of the House of Delegates shall not be issued in the name of the American Medical Association.

12.30 Papers and Reports. All papers and reports presented at any scientific or education meeting of the American Medical Association or of any of its councils, committees or departments, shall become the exclusive property of the AMA. However, the Board of Trustees may permit the publishing of a paper elsewhere than in a publication of the AMA.

13.00 Amendments

13.10 Bylaws. These Bylaws may be amended by the approval of two-thirds of the members of the House of Delegates present and voting, provided an amendment shall not be acted on sooner than the day following that on which it was introduced, except that the Board of Trustees by unanimous vote may make such changes, and only such changes, as may be required to adapt them to the rules and regulations of the United States Postal Service.

13.20 Principles of Medical Ethics. The Principles of Medical Ethics of the American Medical Association may be amended at any meeting on the approval of two-thirds of the members of the House of Delegates present and voting, provided that the proposed amendment shall have been introduced at the preceding meeting.
Bylaws of the
American Medical Association
July 2005

13.30 Articles of Incorporation. The Articles of Incorporation of the American Medical Association may be amended at any regular or special meeting of the House of Delegates by the approval of two-thirds of the voting members of the House of Delegates registered at the meeting, provided that the Board of Trustees shall have approved the amendment and submitted it in writing to each member of the House of Delegates at least five days, but not more than forty days, prior to the meeting of the House of Delegates at which the amendment is to be considered.
Glossary of Terms

Adjourn - to officially end a meeting.

Adjournment sine die - the final adjournment ending a convention or a series of meetings without a day specified for a future meeting.

Advocacy - active use of communication and influence with public and private sector entities responsible for making decisions that directly affect physician practice, payment for physician services, funding and regulation of training, and access to and delivery of medical care.

Assembly - a meeting of the members of a deliberative body or a group of persons gathered together for a common purpose.

Biennially – every two years.

Bylaws - the set of rules adopted by an organization defining its structure and governing its functions.

Censure - an official rebuke.

Chair - the presiding officer of a deliberative body.

Convention - a group of meetings taken in close succession over the course of one or several days that are open to all members of the organization.

Council on Ethical and Judicial Affairs Opinions - interpretations of the Principles of Medical Ethics on matters of (1) ethical principles or (2) social policy which involves issues of morality in the practice of medicine. Opinions establish standards of honorable conduct for physicians and cannot be amended by the House of Delegates. The Council may be requested by the House of Delegates to reconsider an opinion, but it is not required to do so. Unless withdrawn by the Council on Ethical and Judicial Affairs, Opinions of the AMA are published as Current Ethical Opinions in the AMA Policy Compendium and in the AMA Code of Medical Ethics.

Council on Ethical and Judicial Affairs Reports - reports of the Council on Ethical and Judicial Affairs may be prepared in response to a resolution or on an issue of importance to physicians and may include recommendations for action by the House of Delegates. Recommendations in reports of the Council may be adopted, not adopted, or referred by the House of Delegates, but cannot be amended without the concurrence of the Council. If adopted, the recommendations are included in the Policy Compendium.

Executive Meeting (Session) - any meeting of a committee or organization which only members may attend unless others are requested to attend.

Ex-officio Member - one who is a member of a committee or board by virtue of holding a particular office or position. Ex-officio members have the right to vote unless otherwise specified in the bylaws.

Federacy - an archaic term defining an alliance or a group of entities united by compact.

Hearing - a meeting of an authorized group for the purpose of listening to the views of members or others
on a particular subject.

**Majority Vote** - more than half of the number of legal votes cast for a particular motion or candidate.

**Meeting(s)** - an official assembly of the members of an organization or any organized component of the group, such as a committee, commission, or council. The length of the meeting is from the time of convening to the time of adjournment.

**Minority Affairs Consortium** - The entity whose purpose is to provide a dedicated physician and medical student forum within the AMA to address minority health and minority physician professional issues; increase the participation of underrepresented minority physicians and medical students in the AMA; advise the AMA on minority policies and programs; and strengthen the AMA's ability to represent minority physicians and patients. The Minority Affairs Consortium reports to the Board of Trustees.

**Official Call** - the written announcement distributed to members prior to the meeting indicating the time and place of the meeting of the House of Delegates and stating the official number of voting delegates.

**Order of Business** - the sequential official list of items of business planned for consideration during a meeting or convention.

**Perfect** - completion of all acts necessary to make an action final and complete.

**Professional Interest Medical Associations** - organizations with a majority of members who are physicians representing the members' ethnic, cultural, demographic, minority or other interests not meeting the definition of or represented by a state medical association or national specialty organization. The physician interests represented must be relevant to the AMA's purpose and vision and the association must have a multifaceted agenda rather than operate as a single-issue organization. The organization must not be in conflict with the AMA Constitution and Bylaws.

**Quorum** - the number or proportion of members that must be present at a meeting of an organization to enable it to act legally on business.

**Reference Committee** - a committee appointed by the presiding officer of a legislative body or assembly for the duration of the meeting to handle the agenda by holding hearings on assigned reports and resolutions and making recommendations for action by the legislative or policy-making body.

**Report** - a formal account providing the rationale for conclusions drawn relying upon experts in a specialized field of knowledge or philosophy that can be informational only or include recommendations for action by a deliberative body.

**Tenure** - the total number of years an office or position may be held.

**Term** - duration of service in an appointed or elected office or position.

**Total Compensation** - the complete reward/recognition package awarded to an individual for work performance including: (a) all forms of money or cash compensation; (b) benefits; (c) perquisites; (d) services; and (e) in-kind payments.
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June 2004 Revision

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Form 8868
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an
Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I: Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print

Name of Exempt Organization

EMPLOYER IDENTIFICATION NUMBER

File by the due date for filing your return. See instructions.

Number, street, and room or suite no. If a P.O. box, see instructions.

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

Check type of return to be filed (file a separate application for each return):

X Form 990

☐ Form 990-BL

☐ Form 990-EZ

☐ Form 990-PF

☐ Form 990-T (corporation)

☐ Form 990-T (sec. 401(a) or 408(a) trust)

☐ Form 990-T (trust other than above)

☐ Form 1041-A

☐ Form 4720

☐ Form 5227

☐ Form 6069

☐ Form 8870

☐ The books are in the care of ▶ DENISE M. HAGERTY

Telephone No. ▶ (312) 464-5000 FAX No. ▶

☐ If the organization does not have an office or place of business in the United States, check this box ▶

☐ If this is for a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ▶. If this is for the whole group, check this box ▶

☐ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until AUGUST 15, 2005 to file the exempt organization return for the organization named above. The extension is for the organization’s return for:

☐ calendar year 2004 or

☐ tax year beginning ________________, and ending _______________.

2 If this tax year is for less than 12 months, check reason:

☐ Initial return

☐ Final return

☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions ▶...

☐ $...

3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ▶...

☐ $...

3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions ▶...

☐ $N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 12-2004)
Form 8886 (Rev. 12-2004) Page 2

- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box.
Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8886.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

[Part II] Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print.
Name of Exempt Organization: AMERICAN MEDICAL ASSOCIATION
Employer identification number: 36-0727175

File by the extended due date for filing the return. See instructions.
Number, street, and/or city, state, and ZIP code. For a foreign address, see instructions.
515 NORTH STATE STREET, CHICAGO, IL 60601
For IRS use only

Check type of return to be filed (File a separate application for each return):
UNT: Form 990 √ Form 990-EZ √ Form 990-T (sec. 401(a) or 408(a) trust) √ Form 1041-A √ Form 5227 √ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6065

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8886.

- The books are in the care of: DENISE M. HAGERTY
Telephone No.: (312) 464-5000 FAX No.: ☐

- If the organization does not have an office or place of business in the United States, check this box: ☐
- If this is a Group Return, enter the organization’s four digit Group Exemption Number (GEN) ☐, if this is for the whole group, check this box ☐.
- If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2005.
5 For calendar year 2004, or other tax year beginning __________ and ending __________.
6 If this tax year is for less than 12 months, check reason: Initial return ☐ Final return ☐ Change in accounting period ☐
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE MATERIAL NEEDED TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions...

$ ☐

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8886...

$ ☐

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTIP (Electronic Federal Tax Payment System). See instructions...

$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature: [Signature] Title: C.P.A. Date: 11/11/05

Notice to Applicant - To Be Completed by the IRS

We have approved this application. Please attach this form to the organization’s return.

We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization’s return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization’s return.

We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.

By: [Signature] Date: [Date]

Alternate Mailing Address: Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: MARGARET P. JANECEK C/O DELLOITE TAX, LLP
Number and street (include suite, room, or apt. no.) or a P.O. box number: 111 SOUTH WACKER DRIVE
City or town, province or state, and country (including postal or ZIP code): CHICAGO, IL 60606

EXTENSION APPROVED
AUG 29 2005
FIELD DIRECTOR
SUBMISSION PROCESSING, OGDEN