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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 2007 calendar year, or tax year beginning 01-01-2007 and ending 12-31-2007

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

C Name of organization
American Medical Association
Number and street (or P.O. box if mail is not delivered to street address)
515 North State Street
City or town, state or country, and ZIP + 4
Chicago, IL 60610

D Employer identification number
36-0727175

E Telephone number
(312) 464-5000

F Accounting method
√ Cash
✓ Accrual

G Web site: www.ama-assn.org

H and I are not applicable to section 527 organizations

J Organization type (check only one) [ ] 501(c)(6) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 463,134,883

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contributions, gifts, grants, and similar amounts received</td>
<td>1a</td>
</tr>
<tr>
<td>Contributions to donor advised funds</td>
<td>1b</td>
</tr>
<tr>
<td>Direct public support (not included on line 1a)</td>
<td>1c</td>
</tr>
<tr>
<td>Indirect public support (not included on line 1a)</td>
<td>1d</td>
</tr>
<tr>
<td>Government contributions (grants) (not included on line 1a)</td>
<td>1e</td>
</tr>
<tr>
<td>Total (add lines 1a through 1d)</td>
<td>2</td>
</tr>
<tr>
<td>Program service revenue including government fees and contracts</td>
<td>3</td>
</tr>
<tr>
<td>Member dues and assessments</td>
<td>4</td>
</tr>
<tr>
<td>Interest on savings and temporary cash investments</td>
<td>5</td>
</tr>
<tr>
<td>Dividends and interest from securities</td>
<td>6</td>
</tr>
<tr>
<td>Gross rents</td>
<td>6a</td>
</tr>
<tr>
<td>Less: rental expenses</td>
<td>6b</td>
</tr>
<tr>
<td>Net rental income or (loss)</td>
<td>6c</td>
</tr>
<tr>
<td>Other investment income (describe)</td>
<td>7</td>
</tr>
<tr>
<td>Gross amount from sales of assets</td>
<td>8</td>
</tr>
<tr>
<td>Other than inventory</td>
<td>8a</td>
</tr>
<tr>
<td>Less: cost or other basis and sales expenses</td>
<td>8b</td>
</tr>
<tr>
<td>Gain or (loss) (attach schedule)</td>
<td>8c</td>
</tr>
<tr>
<td>Net gain or (loss)</td>
<td>8d</td>
</tr>
<tr>
<td>Special events and activities (attach schedule)</td>
<td>9</td>
</tr>
<tr>
<td>Gross revenue (not including contributions reported on line 1b)</td>
<td>9a</td>
</tr>
<tr>
<td>Less: direct expenses other than fundraising expenses</td>
<td>9b</td>
</tr>
<tr>
<td>Net income or (loss) from special events</td>
<td>9c</td>
</tr>
<tr>
<td>Gross sales of inventory, less returns and allowances</td>
<td>10a</td>
</tr>
<tr>
<td>Less: cost of goods sold</td>
<td>10b</td>
</tr>
<tr>
<td>Gross profit or (loss) from sales of inventory (attach schedule)</td>
<td>10c</td>
</tr>
<tr>
<td>Other revenue (from Part VII, line 103)</td>
<td>11</td>
</tr>
<tr>
<td>Total revenue</td>
<td>12</td>
</tr>
<tr>
<td>Program services (from line 44, column (B))</td>
<td>13</td>
</tr>
<tr>
<td>Management and general (from line 44, column (C))</td>
<td>14</td>
</tr>
<tr>
<td>Fundraising (from line 44, column (D))</td>
<td>15</td>
</tr>
<tr>
<td>Payments to affiliates (attach schedule)</td>
<td>16</td>
</tr>
<tr>
<td>Total expenses</td>
<td>17</td>
</tr>
<tr>
<td>Excess or (deficit) for the year</td>
<td>18</td>
</tr>
<tr>
<td>Net assets or fund balances at beginning of year (from line 73, column (A))</td>
<td>19</td>
</tr>
<tr>
<td>Other changes in net assets or fund balances (attach explanation)</td>
<td>20</td>
</tr>
<tr>
<td>Net assets or fund balances at end of year</td>
<td>21</td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2007)
### Part II Statement of Functional Expenses

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. *(See the instructions.)*

<table>
<thead>
<tr>
<th>Functional Expense Description</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><strong>22a Grants paid from donor advised funds (attach Schedule)</strong> (cash $ __________ noncash $ __________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here ▶ ▼</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>22b Other grants and allocations (attach schedule)</strong> (cash $ __________ noncash $ __________)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If this amount includes foreign grants, check here ▶ ▼</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>23 Specific assistance to individuals (attach schedule)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>24 Benefits paid to or for members (attach schedule)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25a Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)</strong></td>
<td>3,351,929</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25b Compensation of former officers, directors, key employees etc Listed in Part V-B (attach schedule)</strong></td>
<td>104,292</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>25c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)</strong></td>
<td>82,451,599</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>26 Salaries and wages of employees not included on lines 25a, b and c</strong></td>
<td>82,451,599</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>27 Pension plan contributions not included on lines 25a, b and c</strong></td>
<td>5,782,182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>28 Employee benefits not included on lines 25a - 27</strong></td>
<td>15,923,182</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>29 Payroll taxes</strong></td>
<td>272,200</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>30 Professional fundraising fees</strong></td>
<td>1,757,997</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>31 Accounting fees</strong></td>
<td>1,175,614</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>32 Legal fees</strong></td>
<td>1,492,975</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>33 Supplies</strong></td>
<td>1,299,394</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>34 Telephone</strong></td>
<td>15,993,419</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>35 Postage and shipping</strong></td>
<td>568,675</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>36 Occupancy</strong></td>
<td>32,434,599</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>37 Equipment rental and maintenance</strong></td>
<td>7,406,191</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>38 Printing and publications</strong></td>
<td>4,968,627</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>39 Travel</strong></td>
<td>248,049</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40 Conferences, conventions, and meetings</strong></td>
<td>5,269,414</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>41 Interest</strong></td>
<td>324,654,866</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>42 Depreciation, depletion, etc (attach schedule)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43 Other expenses not covered above (itemize)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43a See Additional Data Table</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43c</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43d</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43e</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43f</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>43g</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>44 Total functional expenses</strong>. Add lines 22a through 43g**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>234,654,866</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 $ ____________, (ii) the amount allocated to Program services $ ____________, (iii) the amount allocated to Management and general $ ____________, and (iv) the amount allocated to Fundraising $ ____________.
Part III Statement of Program Service Accomplishments (See the instructions.)

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 III, the organization’s programs and 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.)

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
<th>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a See Additional Data Table</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>b ______________________</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>c ______________________</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>d ______________________</td>
<td></td>
</tr>
<tr>
<td>(Grants and allocations $ ) If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>e Other program services (attach schedule) (Grants and allocations $ ) If this amount includes foreign grants, check here</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
<tr>
<td>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</td>
<td></td>
</tr>
<tr>
<td>________________________</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2007)
### Part IV Balance Sheets (See the instructions.)

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Cash—non-interest-bearing</td>
<td>1,505,630</td>
<td>45</td>
</tr>
<tr>
<td>46</td>
<td>Savings and temporary cash investments</td>
<td>75,996,379</td>
<td>46</td>
</tr>
<tr>
<td>47a</td>
<td>Accounts receivable</td>
<td>22,039,647</td>
<td>47a</td>
</tr>
<tr>
<td>47b</td>
<td>Less: allowance for doubtful accounts</td>
<td>259,000</td>
<td>47c</td>
</tr>
<tr>
<td>48a</td>
<td>Pledges receivable</td>
<td>20,458,299</td>
<td>48b</td>
</tr>
<tr>
<td>49</td>
<td>Grants receivable</td>
<td>2,199</td>
<td>49</td>
</tr>
<tr>
<td>50a</td>
<td>Receivables from current and former officers, directors, trustees, and key employees (attach schedule)</td>
<td>2,199</td>
<td>50a</td>
</tr>
<tr>
<td>50b</td>
<td>Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule))</td>
<td>2,199</td>
<td>50b</td>
</tr>
<tr>
<td>51a</td>
<td>Other notes and loans receivable (attach schedule)</td>
<td>3,141,574</td>
<td>51c</td>
</tr>
<tr>
<td>52</td>
<td>Inventories for sale or use</td>
<td>19,444,800</td>
<td>52</td>
</tr>
<tr>
<td>53</td>
<td>Prepaid expenses and deferred charges</td>
<td>2,199</td>
<td>53</td>
</tr>
<tr>
<td>54a</td>
<td>Investments—publicly-traded securities</td>
<td>291,479,182</td>
<td>54b</td>
</tr>
<tr>
<td>55a</td>
<td>Investments—land, buildings, and equipment basis</td>
<td>98,982,107</td>
<td>55c</td>
</tr>
<tr>
<td>56</td>
<td>Investments—other (attach schedule)</td>
<td>15,813,202</td>
<td>56</td>
</tr>
<tr>
<td>57a</td>
<td>Land, buildings, and equipment basis</td>
<td>79,171,910</td>
<td>57c</td>
</tr>
<tr>
<td>58</td>
<td>Other assets, including program-related investments (describe</td>
<td>11,126,490</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Total assets (must equal line 74) Add lines 45 through 58</td>
<td>442,552,045</td>
<td>59</td>
</tr>
<tr>
<td>60</td>
<td>Accounts payable and accrued expenses</td>
<td>28,004,152</td>
<td>60</td>
</tr>
<tr>
<td>61</td>
<td>Grants payable</td>
<td>41,816,179</td>
<td>61</td>
</tr>
<tr>
<td>62</td>
<td>Deferred revenue</td>
<td>41,816,179</td>
<td>62</td>
</tr>
<tr>
<td>63</td>
<td>Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>2,224,964</td>
<td>63</td>
</tr>
<tr>
<td>64a</td>
<td>Tax-exempt bond liabilities (attach schedule)</td>
<td>57,075,096</td>
<td>64a</td>
</tr>
<tr>
<td>65</td>
<td>Mortgages and other notes payable (attach schedule)</td>
<td>3,582,900</td>
<td>65</td>
</tr>
<tr>
<td></td>
<td>Other liabilities (describe</td>
<td>128,865,427</td>
<td>66</td>
</tr>
<tr>
<td>66</td>
<td>Total liabilities Add lines 60 through 65</td>
<td>128,865,427</td>
<td>66</td>
</tr>
<tr>
<td>67</td>
<td>Unrestricted</td>
<td>311,631,864</td>
<td>67</td>
</tr>
<tr>
<td>68</td>
<td>Temporarily restricted</td>
<td>2,224,964</td>
<td>68</td>
</tr>
<tr>
<td>69</td>
<td>Permanently restricted</td>
<td>2,224,964</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Organizations that follow SFAS 117, check here</td>
<td>313,856,618</td>
<td>73</td>
</tr>
<tr>
<td>70</td>
<td>Capital stock, trust principal, or current funds</td>
<td>313,856,618</td>
<td>70</td>
</tr>
<tr>
<td>71</td>
<td>Paid-in or capital surplus, or land, building, and equipment fund</td>
<td>313,856,618</td>
<td>71</td>
</tr>
<tr>
<td>72</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>313,856,618</td>
<td>72</td>
</tr>
<tr>
<td>73</td>
<td>Total net assets of fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)</td>
<td>313,856,618</td>
<td>73</td>
</tr>
<tr>
<td>74</td>
<td>Total liabilities and net assets / fund balances Add lines 66 and 73</td>
<td>442,552,045</td>
<td>74</td>
</tr>
</tbody>
</table>
### Part IV-A
Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th></th>
<th>a) Total revenue, gains, and other support per audited financial statements</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>b)</td>
<td>Amounts included on line a but not on Part I, line 12</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Net unrealized gains on investments</td>
<td>b1</td>
</tr>
<tr>
<td>2</td>
<td>Donated services and use of facilities</td>
<td>b2</td>
</tr>
<tr>
<td>3</td>
<td>Recoveries of prior year grants</td>
<td>b3</td>
</tr>
<tr>
<td>4</td>
<td>Other (specify)</td>
<td>b4</td>
</tr>
<tr>
<td>Add lines b1 through b4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subtract line b from line a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td>Amounts included on Part I, line 12, but not on line a</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Investment expenses not included on Part I, line 6b</td>
<td>d1</td>
</tr>
<tr>
<td>2</td>
<td>Other (specify)</td>
<td>d2</td>
</tr>
<tr>
<td>Add lines d1 and d2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e)</td>
<td><strong>Total revenue</strong> (Part I, line 12) Add lines c and d</td>
<td>e</td>
</tr>
</tbody>
</table>

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

|   | a) Total expenses and losses per audited financial statements             |   |
| b) | Amounts included on line a but not on Part I, line 17                    |   |
| 1 | Donated services and use of facilities                                    | b1|
| 2 | Prior year adjustments reported on Part I, line 20                       | b2|
| 3 | Losses reported on Part I, line 20                                       | b3|
| 4 | Other (specify)                                                           | b4|
| Add lines b1 through b4                                                    |   |
| Subtract line b from line a                                                |   |
| d) | Amounts included on Part I, line 17, but not on line a                    |   |
| 1 | Investment expenses not included on Part I, line 6b                      | d1|
| 2 | Other (specify)                                                           | d2|
| Add lines d1 and d2                                                         |   |
| e) | **Total expenses** (Part I, line 17) Add lines c and d                   | e |

### Part V-A
Current Officers, Directors, Trustees, and Key Employees

<table>
<thead>
<tr>
<th></th>
<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 -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
</table>

See Additional Data Table
### Part V-A  Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.

75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.

75d Does the organization have a written conflict of interest policy?

### Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (If not paid enter -0-)</th>
<th>(D) Contributions to employee benefit plans and deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>John H Armstrong MD</td>
<td>515 North State Street</td>
<td>0</td>
<td>23,755</td>
<td>0</td>
</tr>
<tr>
<td>Chicago, IL 60610</td>
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<tr>
<td>F William Dowda MD</td>
<td>515 North State Street</td>
<td>0</td>
<td>23,971</td>
<td>0</td>
</tr>
<tr>
<td>Chicago, IL 60610</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timothy T Flaherty MD</td>
<td>515 North State Street</td>
<td>0</td>
<td>7,767</td>
<td>0</td>
</tr>
<tr>
<td>Chicago, IL 60610</td>
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<tr>
<td>Palma E Formica MD</td>
<td>515 North State Street</td>
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<td>1,211</td>
<td>0</td>
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<tr>
<td>Chicago, IL 60610</td>
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<td></td>
<td></td>
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<tr>
<td>J Edward Hill MD</td>
<td>515 North State Street</td>
<td>0</td>
<td>36,944</td>
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<tr>
<td>Chicago, IL 60610</td>
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</tr>
<tr>
<td>William E Jacott MD</td>
<td>515 North State Street</td>
<td>0</td>
<td>10,644</td>
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</tr>
<tr>
<td>Chicago, IL 60610</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Part VI  Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

77 Were any changes made in the organizing or governing documents but not reported to the IRS?

78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

78b If "Yes," has it filed a tax return on Form 990-T for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

80a 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?

81a Enter direct or indirect political expenditures (See line 81 instructions).

81b Did the organization file Form 1120-POL for this year?
Part VI Other Information (continued)

82a 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?  

82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).

83a Did the organization comply with the public inspection requirements for returns and exemption applications?  
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  
83c Did the organization solicit any contributions or gifts that were not tax deductible?  
83d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

84a Did the organization make only in-house lobbying expenditures of $2,000 or less?  
84b If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues non deductible by members?  
85b Did the organization make only in-house lobbying expenditures of $2,000 or less?  
85c Dues assessments, and similar amounts from members  
85d Section 162(e) lobbying and political expenditures  
85e Aggregate non deductible amount of section 6033(e)(1)(A) dues notices  
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)  
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?  
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to non deductible lobbying and political expenditures for the following tax year?  

86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12  
86b b Gross receipts, included on line 12, for public use of club facilities

87 501(c)(12) orgs. Enter a Gross income from members or shareholders  
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

88a 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 301.7701-3? If "Yes," complete Part IX  
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI

89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955  
89b b 501(c)(3) and 501(c)(4) orgs. 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? If "Yes," attach a statement explaining each transaction.

89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

89d Enter Amount of tax on line 89c, above, reimbursed by the organization

89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

90a List the states with which a copy of this return is filed  
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions)

91a The books are in care of  
91b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts
Part VI Other Information (continued)

91c Yes

92 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.

93 Program service revenue

a See Additional Data Table

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a Debt-financed property

b Non debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a See Additional Data Table

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

<table>
<thead>
<tr>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>Related or exempt function income</th>
</tr>
</thead>
<tbody>
<tr>
<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
</tr>
<tr>
<td>(D) Amount</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10000 00 % Holding company business & personal services

10000 00 % Business Services Reinsurance Company

10000 00 %

Part VIII Relationship to the Accomplishment of Exempt Purposes (See the instructions.)

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 Additional Data Table

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

<table>
<thead>
<tr>
<th>Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>Percentage of ownership interest</th>
<th>Nature of activities</th>
<th>Total income</th>
<th>End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA Services Inc 515 N State St, IL60610 36-3229022</td>
<td>10000 00 %</td>
<td>Holding company business &amp; personal services</td>
<td>12,150,176</td>
<td>33,539,354</td>
</tr>
<tr>
<td>American Medical Assurance Company 515 N State St, IL60610 36-2874262</td>
<td>10000 00 %</td>
<td>Business Services Reinsurance Company</td>
<td>402,017</td>
<td>4,208,321</td>
</tr>
</tbody>
</table>

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(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).
### Part XI: Information Regarding Transfers To and From Controlled Entities

**Complete only if the organization is a controlling organization as defined in section 512(b)(13)**

#### 106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? (Yes) No

<table>
<thead>
<tr>
<th>Name and address of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Totals**

#### 107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? (Yes) No

<table>
<thead>
<tr>
<th>Name and address of each controlled entity</th>
<th>Employer Identification Number</th>
<th>Description of transfer</th>
<th>Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Reimbursement for controlled company employee payroll &amp; benefits</td>
<td>2,136,274</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Reimbursement for expenses paid on behalf of controlled entity</td>
<td>95,037</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Service fee</td>
<td>305,066</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Licensing fee</td>
<td>200,000</td>
</tr>
<tr>
<td>American Medical Assurance Co 515 North State Street Chicago, IL 60610</td>
<td>362874262</td>
<td>Reimbursement for expenses paid on behalf of controlled entity</td>
<td>848</td>
</tr>
<tr>
<td>American Medical Assurance Co 515 North State Street Chicago, IL 60610</td>
<td>362874262</td>
<td>Service fee</td>
<td>19,800</td>
</tr>
<tr>
<td>AMA Services Inc 515 North State Street Chicago, IL 60610</td>
<td>363229022</td>
<td>Reimbursement for expenses paid on behalf of controlled entity</td>
<td>1,520</td>
</tr>
<tr>
<td>AMA Services Inc 515 North State Street Chicago, IL 60610</td>
<td>363229022</td>
<td>Dividends paid</td>
<td>12,300,000</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Reimbursement for rent, utilities and other construction costs</td>
<td>459,805</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Reimbursement for direct postage and overnight delivery paid on behalf of controlled entity</td>
<td>666,487</td>
</tr>
<tr>
<td>AMA Insurance Agency 515 North State Street Chicago, IL 60610</td>
<td>363305962</td>
<td>Reimbursement for bank fees paid on behalf of controlled entity</td>
<td>81,729</td>
</tr>
</tbody>
</table>

**Totals**: 16,266,566

#### 108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above? (Yes) No

**Please Sign Here**

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MICHAEL D MAVES MD CEO/EVP</td>
<td>2008-11-11</td>
</tr>
</tbody>
</table>

**Paid Preparer's Use Only**

<table>
<thead>
<tr>
<th>Farm's name (or yours if self-employed), address, and ZIP + 4</th>
<th>Date</th>
<th>Check if self-employed</th>
<th>Preparer's SSN or PTIN (See Gen Inst W)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deloitte Tax LLP 111 South Wacker Dr Chicago, IL 60606</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Phone no**: (312) 486-1000
Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<table>
<thead>
<tr>
<th>Description</th>
<th>Code</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>a Consultants' and professional service fees</td>
<td>43a</td>
<td>14,411,978</td>
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<tr>
<td>b Bad debt expense</td>
<td>43b</td>
<td>-28,312</td>
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<tr>
<td>c Advertising and promotion</td>
<td>43c</td>
<td>11,325,479</td>
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<tr>
<td>d Royalty expense</td>
<td>43d</td>
<td>832,093</td>
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<tr>
<td>e Professional association dues</td>
<td>43e</td>
<td>134,893</td>
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<tr>
<td>f Food and beverage-employees cafeteria</td>
<td>43f</td>
<td>526,670</td>
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<tr>
<td>g Temporary office help</td>
<td>43g</td>
<td>881,236</td>
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<tr>
<td>h Employees recruitment</td>
<td>43h</td>
<td>1,112,026</td>
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<tr>
<td>i Training &amp; development costs</td>
<td>43i</td>
<td>574,347</td>
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<tr>
<td>j Federal &amp; state income taxes</td>
<td>43j</td>
<td>1,160,660</td>
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<td>k Market research</td>
<td>43k</td>
<td>1,929,377</td>
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<tr>
<td>l Bank charges</td>
<td>43l</td>
<td>346,740</td>
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<tr>
<td>m Offsite storage</td>
<td>43m</td>
<td>42,462</td>
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<tr>
<td>n Miscellaneous</td>
<td>43n</td>
<td>944,732</td>
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<td>o Membership solicitation costs</td>
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<td>5,238,569</td>
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<td>p Licensed data costs</td>
<td>43p</td>
<td>856,364</td>
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<tr>
<td>q Outbound telemarketing sales</td>
<td>43q</td>
<td>1,686,571</td>
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<td>r Software licensing fees</td>
<td>43r</td>
<td>4,209,328</td>
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<td>s Insurance</td>
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<tr>
<td>t Organizational memberships</td>
<td>43t</td>
<td>702,787</td>
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<tr>
<td>u Subscriptions</td>
<td>43u</td>
<td>387,476</td>
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<tr>
<td>v Noncash reserve for subleased space</td>
<td>43v</td>
<td>3,837,989</td>
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<td></td>
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</tr>
<tr>
<td>(A) Name and address</td>
<td>(B) Title and average hours per week devoted to position</td>
<td>(C) Compensation (If not paid, enter -0-)</td>
<td>(D) Contributions to employee benefit plans &amp; deferred compensation plans</td>
<td>(E) Expense account and other allowances</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------</td>
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<tr>
<td>Joseph P Annis MD</td>
<td>Trustee 20 00</td>
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<tr>
<td>515 North State Street</td>
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<tr>
<td>Chicago, IL 60610</td>
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<td></td>
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</tr>
<tr>
<td>Duane M Cady MD</td>
<td>Trustee Thru 607 23 00</td>
<td>39,387</td>
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<tr>
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<tr>
<td>Chicago, IL 60610</td>
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<tr>
<td>Peter W Carmel MD</td>
<td>Trustee 27 00</td>
<td>48,863</td>
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<tr>
<td>515 North State Street</td>
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<tr>
<td>Chicago, IL 60610</td>
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<td></td>
</tr>
<tr>
<td>Ronald M Davis MD</td>
<td>President Thru 1207 57 00</td>
<td>249,500</td>
<td>0</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Payee Henry Ford Health System</td>
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<tr>
<td>515 North State Street</td>
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<td>Chicago, IL 60610</td>
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<tr>
<td>Chris Dierenzo</td>
<td>Student Trustee 27 00</td>
<td>50,594</td>
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<td>591</td>
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</tr>
<tr>
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<tr>
<td>Chicago, IL 60610</td>
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<td></td>
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</tr>
<tr>
<td>William A Dolan MD</td>
<td>Trustee July-December 2007 14 00</td>
<td>32,475</td>
<td>0</td>
<td>0</td>
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<tr>
<td>515 North State Street</td>
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<td></td>
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<tr>
<td>Chicago, IL 60610</td>
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<td></td>
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</tr>
<tr>
<td>Andrew W Gurman MD</td>
<td>Vice Speaker July thru Dec 2007 16 00</td>
<td>35,350</td>
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<td>William A Hazel JrMD</td>
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<tr>
<td>Cyril M Hetsko MD FACP</td>
<td>Trustee 22 00</td>
<td>70,213</td>
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<td>Payee Hetsko Healthcare Consulting Services LLC</td>
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<tr>
<td>Joseph M Heyman</td>
<td>Chair Elect Thru 1207 43 00</td>
<td>159,687</td>
<td>15,500</td>
<td>2,376</td>
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<tr>
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<tr>
<td>Name and address</td>
<td>Title and average hours per week devoted to position</td>
<td>Compensation (If not paid, enter -0-)</td>
<td>Contributions to employee benefit plans &amp; deferred compensation plans</td>
<td>Expense account and other allowances</td>
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<td>J Edward Hill MD</td>
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<td>109,322</td>
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<td>Ardis D Hoven MD</td>
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<td>Edward D Langston MD</td>
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<td>204,625</td>
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<td>Jeremy A Lazarus</td>
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<tr>
<td>Michael D Maves MD</td>
<td>Executive Vice President 70 00</td>
<td>696,521</td>
<td>36,000</td>
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<td>Robert R Mcmillan JD</td>
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<td>12,000</td>
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<td>Nancy H Nielsen MD PhD</td>
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<td>Rebecca J Patchin MD</td>
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<td>15,500</td>
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<td>William G Plested III MD</td>
<td>Past President 607 thru 1207 51 00</td>
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<td>J James Rohack MD</td>
<td>Trustee 32 00</td>
<td>119,394</td>
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### Form 990, Part V-A - Current 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 -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
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<tr>
<td>Samantha L Rosman Cramoy MD</td>
<td>Resident Trustee</td>
<td>40,819</td>
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<tr>
<td>Steven J Stack MD</td>
<td>Trustee</td>
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<td>Robert M Wah MD</td>
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<td>Cecil B Wilson MD PA</td>
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</table>
### Form 990, Part VII, Line 93 - Program service revenue:

*Note: Enter gross amounts unless otherwise indicated.*

<table>
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<tr>
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<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
<th>(E) Related or exempt function income</th>
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<tbody>
<tr>
<td></td>
<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
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<tr>
<td>a</td>
<td>Subscription</td>
<td>28,851,467</td>
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<tr>
<td>b</td>
<td>Advertising</td>
<td>34,465,495</td>
<td>541800</td>
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<tr>
<td>c</td>
<td>Educational programs</td>
<td>4,156,381</td>
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<tr>
<td>d</td>
<td>Workshop certification</td>
<td>322,276</td>
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<tr>
<td>e</td>
<td>Income private sources</td>
<td>2,508,633</td>
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<tr>
<td>f</td>
<td>Reprint activities</td>
<td>8,319,751</td>
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<tr>
<td>g</td>
<td>Credentialing services</td>
<td>9,736,045</td>
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</tr>
<tr>
<td>h</td>
<td>United States adoptive name program</td>
<td>1,207,500</td>
<td></td>
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<tr>
<td>i</td>
<td>Online coding fees</td>
<td>391,534</td>
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</table>
**Form 990, Part VII, Line 103 - Other revenue:**

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

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<thead>
<tr>
<th></th>
<th>Unrelated business income</th>
<th>Excluded by section 512, 513, or 514</th>
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</thead>
<tbody>
<tr>
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<td>(A) Business code</td>
<td>(B) Amount</td>
<td>(C) Exclusion code</td>
<td>(D) Amount</td>
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<tr>
<td>a</td>
<td>Royalty income</td>
<td>15</td>
<td>53,951,942</td>
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<td>b</td>
<td>Admin services</td>
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<td>57,949</td>
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<td>c</td>
<td>Fees</td>
<td>41</td>
<td>730,140</td>
<td>103,299</td>
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<td>d</td>
<td>Cafeteria</td>
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<td>599,457</td>
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<td>e</td>
<td>Litigation center</td>
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<td>432,209</td>
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<td>f</td>
<td>Miscellaneous</td>
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<td>140,426</td>
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<td>g</td>
<td>Settlement</td>
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<td>34,560</td>
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<td>h</td>
<td>Real estate tax refunds</td>
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<td>10,572</td>
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<tr>
<td>i</td>
<td>Print shop sales</td>
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<td>106,237</td>
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<td>j</td>
<td>Service fee revenue</td>
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<td>305,066</td>
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<tr>
<td>k</td>
<td>Other recoveries</td>
<td></td>
<td>166,168</td>
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<tr>
<td>Line No.</td>
<td>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).</td>
<td></td>
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<tr>
<td>----------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
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<tr>
<td>93a</td>
<td>Subscriptions for publications which disseminate medical information and provide educational benefit to members, non-members and others in the medical community</td>
<td></td>
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</tr>
<tr>
<td>93c</td>
<td>Educational programs are provided in order to meet the needs of the medical information and scientific communities</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>93d</td>
<td>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</td>
<td></td>
<td></td>
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<tr>
<td>93e1</td>
<td>Income from private sources includes funds received from private institutions in order to produce informational and educational programs and projects that benefit both the of the organization and society in general</td>
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<tr>
<td>93e2</td>
<td>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</td>
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<tr>
<td>93e3</td>
<td>Credentialing revenue includes fees for verifying physician credentials to health care providers</td>
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<tr>
<td>93e4</td>
<td>United States Adoptive Name Program - joint program with the Food and Drug Administration to distribute medical information concerning drugs</td>
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<tr>
<td>93e5</td>
<td>Online coding fees - revenue from database of medical procedure codes</td>
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<tr>
<td>93g</td>
<td>Fees from government agencies are received for informational and educational programs and projects that benefit both the membership and society in general</td>
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<tr>
<td>94</td>
<td>Membership dues allow members to benefit from the representational efforts and activities of the AMA, as well as the educational and informational programs and projects offered by the association</td>
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<tr>
<td>102</td>
<td>Gross profit from sales of inventory includes from the sales of medical and educational information in the form of books, pamphlets and other printed materials which serve to benefit the medical community</td>
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<tr>
<td>103c</td>
<td>Fees includes miscellaneous fees related to the AMA’s exempt purpose</td>
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<tr>
<td>103d</td>
<td>Cafeteria income from cash register sales</td>
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<tr>
<td>103e</td>
<td>Litigation support fund for the medical profession</td>
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<tr>
<td>103f</td>
<td>Misc. revenue related to the AMA’s exempt purposes</td>
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<tr>
<td>103g</td>
<td>Various settlements</td>
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<tr>
<td>103h</td>
<td>Various tax refund</td>
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<td></td>
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<tr>
<td>103i</td>
<td>Print shop sales</td>
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<tr>
<td>103j</td>
<td>Recovery of legal fees incurred in the conduct of the AMA’s exempt purpose</td>
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<tr>
<td>103k</td>
<td>Other recoveries</td>
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# TY 2007 Cash Grants Paid Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

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<th>Class of Activity</th>
<th>Recipient's name</th>
<th>Address</th>
<th>Amount</th>
<th>Relationship</th>
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</thead>
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<tr>
<td>Charitable Contributions</td>
<td>AMA Foundation</td>
<td>515 N State Street Chicago, IL 60654</td>
<td>54,026</td>
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<tr>
<td>Contribution to AAMSE</td>
<td>American Association of Medical Society Executives</td>
<td>555 E Wells St Suite 1100 Milwaukee, WI 53202</td>
<td>50,000</td>
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<tr>
<td>State Children's Health Insurance Program Contribution</td>
<td>Americans for Children's Health CO Wachovia Bank</td>
<td>740 15th Street NW Washington, DC 20005</td>
<td>500,000</td>
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<tr>
<td>Charitable Contributions</td>
<td>American Tort Reform Foundation</td>
<td>1101 Connecticut Avenue NW Suite 400 Washington, DC 200364351</td>
<td>675</td>
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<tr>
<td>Charitable Contributions</td>
<td>The Bozo Ball CO WGN-TV</td>
<td>2501 W Bradley Place Chicago, IL 60618</td>
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<td>Charitable Contributions</td>
<td>Bryce Harlow Foundation</td>
<td>1701 Pennsylvania Avenue NW Suite 400 Washington, DC 20006</td>
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<td>Medical Research Consortium Grant</td>
<td>Brody School of Medicine at East Carolina University</td>
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<td>Charitable Contributions</td>
<td>Campaign for Tobacco Free Kids</td>
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<td>Amount</td>
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<td>Charitable Contributions</td>
<td>Catholic Relief Services</td>
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<td>Charitable Contributions</td>
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<td>PO Box 7790 Philadelphia, PA 191017990</td>
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<td>Charitable Contributions</td>
<td>Council on Health Care Economics</td>
<td>415 South Street Heller School for Social Policy Brandeis University Waltham, MA 02454</td>
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<td>Consumer Prescriber</td>
<td>Creighton University</td>
<td>2500 California Plaza Omaha, NE 68178</td>
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<td>Education Grant</td>
<td>Creighton University School of Medicine</td>
<td>601 North 30th Street Suite 6720 Omaha, NE 68131</td>
<td>10,247</td>
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<td>Medical Research Consortium Grant</td>
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<td>Charitable Contributions</td>
<td>Danny Thompson Memorial Fund</td>
<td>PO Box 232 Sun Valley, ID 83353</td>
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<td>Charitable Contributions</td>
<td>David A Winston Health Policy Fellowship CO AUPHA</td>
<td>2000 14th Street North Suite 780 Arlington, VA 22201</td>
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<td>Charitable Contributions</td>
<td>The Fund for American Studies</td>
<td>1526 18th St NW Washington, DC 200361306</td>
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<td>GLBT - Contribution for Physician Survey Project</td>
<td>Gay &amp; Lesbian Medical Association</td>
<td>459 Fulton St Suite 107 San Francisco, CA 94102</td>
<td>100,000</td>
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<td>Medical Liability Reform Grant</td>
<td>Hawaii Medical Association</td>
<td>1360 S Beretania St Suite 200 Honolulu, HI 96814</td>
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<td>Charitable Contributions</td>
<td>Hope Street Kids</td>
<td>1600 Duke Street Suite 500 Alexandria, VA 22314</td>
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<tr>
<td>Medical Liability Reform Grant</td>
<td>Illinois State Medical Society</td>
<td>20 North Michigan Avenue Suite 700 Chicago, IL 60602</td>
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<td>Policy Promotion Grant</td>
<td>Indiana University</td>
<td>1159 Heritage Trail Franklin, IN 46131</td>
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<td>Medical Research Consortium Grant</td>
<td>Johns Hopkins University</td>
<td>3400 N Charles St Baltimore, MD 21218</td>
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<td>Medical Research Consortium Grant</td>
<td>Keck School of Medicine at the University of Southern California</td>
<td>1000 S Fremont Ave Unit 7 Bld A6 4th Floor Alhambra, CA 91803</td>
<td>14,358</td>
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<td>Charitable Contributions</td>
<td>March of Dimes</td>
<td>2700 South Quincy Street Suite 220 Arlington, VA 22206</td>
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<td>Relationship</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>Mayo Clinic College of Medicine</td>
<td>200 First Street SW Rochester, MN 55905</td>
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<td>Medical Liability Reform Scope of Practice Grant</td>
<td>Medical Society of New York</td>
<td>99 Washington Avenue Suite 1103 Albany, NY 12201</td>
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<td>AMA Ethics In Action Grant</td>
<td>Michigan State University</td>
<td>A-234 Life Sciences Building East Lansing, MI 28824</td>
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<td>Medical Research Consortium Grant</td>
<td>Minneapolis Medical Research</td>
<td>914 S 8th St Minneapolis, MN 55404</td>
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<td>Charitable Contributions</td>
<td>National Alliance for Hispanic Health</td>
<td>1501 Sixteenth Street NW Washington, DC 200361401</td>
<td>10,000</td>
<td>NONE</td>
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<tr>
<td>Charitable Contributions</td>
<td>National Multiple Sclerosis Society</td>
<td>1800 M Street NW Suite 750 South Washington, DC 200361306</td>
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<td>Charitable Contributions</td>
<td>National Patient Safety Foundation</td>
<td>132 Mass Moca Way North Adams, MA 01247</td>
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<td>Charitable Contributions</td>
<td>National Quality Forum</td>
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<tr>
<td>Class of Activity</td>
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<td>Address</td>
<td>Amount</td>
<td>Relationship</td>
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<tr>
<td>--------------------------</td>
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<tr>
<td>AMA Ethics In Action Grant</td>
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<td>AMA Ethics In Action Grant</td>
<td>Northwestern University</td>
<td>633 Clark Street Evanston, IL 60208</td>
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<td>Charitable Contributions</td>
<td>Partnership for a Drug-Free America</td>
<td>156 Fifth Avenue Suite 1100 New York, NY 10010</td>
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<td>Charitable Contributions</td>
<td>Project Hope</td>
<td>255 Carter Hall Lane Millwood, VA 22646</td>
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<td>Charitable Contributions</td>
<td>Ride for World Health</td>
<td>PO Box 8234 Columbus, OH 43201</td>
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<tr>
<td>Charitable Contributions</td>
<td>Robert F Kennedy Memorial</td>
<td>1367 Connecticut Avenue NW Suite 200 Washington, DC 20036</td>
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<tr>
<td>Charitable Contributions</td>
<td>Spina Bifida Association</td>
<td>4590 MacArthur Blvd NW Suite 250 Washington, DC 20007</td>
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<tr>
<td>Charitable Contributions</td>
<td>Society for Women's Health Research</td>
<td>1025 Connecticut Ave NW Suite 701 Washington, DC 20036</td>
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<td>Class of Activity</td>
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<td>Amount</td>
<td>Relationship</td>
</tr>
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<td>-----------------------------------</td>
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<tr>
<td>Policy Promotion Grant</td>
<td>Temple University</td>
<td>115 University Manor Hershey, PA 17033</td>
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<td>Policy Promotion Grant</td>
<td>Uniformed Services University of Health Sciences</td>
<td>4301 Jones Bridge Road Bethesda, MD 20814</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>University of Alabama</td>
<td>1600 7th Avenue S MTC 201 Birmingham Adolescent Medicine Birmingham, AL 35233</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>University of Alabama at Birmingham</td>
<td>516 20th Street South Birmingham, AL 35233</td>
<td>163</td>
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<td>Policy Promotion Grant</td>
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<td>352 Mansfield Rd Storrs Mansfield, CT 06269</td>
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<td>Medical Research Consortium Grant</td>
<td>University of Illinois at Chicago</td>
<td>1200 West Harrison Street Chicago, IL 606077161</td>
<td>8,873</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>University of Massachusetts Medical School</td>
<td>55 Lake Avenue North Worcester, MA 01655</td>
<td>11,771</td>
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<td>Medical Research Consortium Grant</td>
<td>University of Michigan Medical School</td>
<td>1301 Catherine Road Ann Arbor, MI 48109</td>
<td>10,358</td>
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<td>Class of Activity</td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>Policy Promotion Grant</td>
<td>University of Mississippi</td>
<td>110 Glen Eagle Rd Lafayette, MS 38655</td>
<td>1,000</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>University of North Dakota School of Medicine</td>
<td>501 N Columbia Rd Grand Forks, ND 58202</td>
<td>8,610</td>
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<td>AMA Ethics In Action Grant</td>
<td>University of Pennsylvania</td>
<td>3451 Walnut Street Philadelphia, PA 19104</td>
<td>22,093</td>
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<tr>
<td>Policy Promotion Grant</td>
<td>University of South Carolina</td>
<td>Osborne Administration Building Columbia, SC 29209</td>
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<tr>
<td>AMA Ethics In Action Grant</td>
<td>University of Texas</td>
<td>PO Box 8180 Austin, TX 78713</td>
<td>2,100</td>
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<tr>
<td>Medical Research Consortium Grant</td>
<td>University of Texas Medical School at Houston</td>
<td>6767 Bertner Avenue Room S38344 Houston, TX 77030</td>
<td>12,133</td>
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<tr>
<td>Legal Reform Contribution</td>
<td>US Chamber of Commerce’s Institute for Legal Reform</td>
<td>1615 H Street NW Washington, DC 200622000</td>
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<td>Charitable Contributions</td>
<td>US Capitol Historical Society</td>
<td>200 Maryland Avenue NE Washington, DC 20002</td>
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<tr>
<td>Class of Activity</td>
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<td>------------------------</td>
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<td>Policy Promotion Grant</td>
<td>Western University</td>
<td>309 E Second St, Pomona, CA 917661854</td>
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</table>
TY 2007 Depreciation and Depletion Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>356,217</td>
</tr>
<tr>
<td>Cafeteria equipment</td>
<td>11,825</td>
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<tr>
<td>Automobiles</td>
<td>1,953</td>
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<tr>
<td>Office equipment</td>
<td>102,230</td>
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<tr>
<td>Telecommunications equipment</td>
<td>149,894</td>
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<tr>
<td>Computer and related equipment</td>
<td>1,443,167</td>
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<tr>
<td>Computer software</td>
<td>2,233,398</td>
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<tr>
<td>Leasehold improvements</td>
<td>970,052</td>
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<tr>
<td>Bindery equipment</td>
<td>678</td>
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</tbody>
</table>
TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: American Medical Association  
EIN: 36-0727175

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Acquired</th>
<th>How Acquired</th>
<th>Date Sold</th>
<th>Purchaser Name</th>
<th>Gross Sales Price</th>
<th>Basis</th>
<th>Basis Method</th>
<th>Sales Expenses</th>
<th>Total (net)</th>
<th>Accumulated Depreciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Machinery and equipment</td>
<td>2007-06</td>
<td>PURCHASED</td>
<td>2007-06</td>
<td></td>
<td>15,158</td>
<td>7,177,225</td>
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<td>0</td>
<td>-50,082</td>
<td>7,111,985</td>
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<tr>
<td>Software</td>
<td>2007-06</td>
<td>PURCHASED</td>
<td>2007-06</td>
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<td>608,331</td>
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<tr>
<td>Furniture</td>
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<td>PURCHASED</td>
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<td>Leasehold improvements</td>
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<td>PURCHASED</td>
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<td>1,911,109</td>
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<td>Name</td>
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<tr>
<td>Gross Sales Price</td>
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<tr>
<td>Basis</td>
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<tr>
<td>Sales Expenses</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Total (net)</td>
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</table>
## TY 2007 Investments - Other Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
<th>Book Value</th>
<th>Cost/FMV</th>
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</thead>
<tbody>
<tr>
<td>Investment in wholly owned reinsurance company</td>
<td>2,926,450</td>
<td>C</td>
</tr>
<tr>
<td>Investment in other wholly owned subsidiaries</td>
<td>9,430,946</td>
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<tr>
<td>Investment in MEDEM</td>
<td>1</td>
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</table>
TY 2007 Investments - Securities Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
<th>Book Value</th>
<th>Cost/FMV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed income mutual funds</td>
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</tr>
<tr>
<td>Fixed income managed accounts</td>
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<tr>
<td>Equity mutual funds</td>
<td>4,202,151</td>
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<tr>
<td>Equity managed accounts</td>
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<tr>
<td>Fixed income commingled trust</td>
<td>13,590,385</td>
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</table>
TY 2007 Land etc. Schedule

Name: American Medical Association
EIN: 36-0727175

<table>
<thead>
<tr>
<th>Category/Item</th>
<th>Cost/Other Basis</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Furniture</td>
<td>11,930,124</td>
<td>10,474,692</td>
<td>1,455,432</td>
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<tr>
<td>Cafeteria equipment</td>
<td>181,343</td>
<td>147,923</td>
<td>33,420</td>
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<td>Automobiles</td>
<td>58,176</td>
<td>57,199</td>
<td>977</td>
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<td>Office equipment</td>
<td>1,664,956</td>
<td>1,360,792</td>
<td>304,164</td>
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<td>Telecommunications equipment</td>
<td>2,236,580</td>
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<td>Convention equipment</td>
<td>66,476</td>
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<td>Computer and related equipment</td>
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<td>7,325,513</td>
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<tr>
<td>Computer software</td>
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<td>44,944,782</td>
<td>2,643,324</td>
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<td>Leasehold improvements</td>
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<tr>
<td>Bindery equipment</td>
<td>14,709</td>
<td>14,369</td>
<td>340</td>
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<tr>
<td>Corporate art</td>
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</table>
TY 2007 Other Assets Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year Amount</th>
<th>End of Year Amount</th>
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</thead>
<tbody>
<tr>
<td>Deposit</td>
<td>40,000</td>
<td>40,000</td>
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<tr>
<td>Deferred income taxes</td>
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</table>
## TY 2007 Other Changes in Net Assets Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
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</thead>
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<tr>
<td>Temporarily restricted assets</td>
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<tr>
<td>Unrealized gain/loss</td>
<td>-6,015,185</td>
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<tr>
<td>Subsidiary earnings</td>
<td>12,820,373</td>
</tr>
<tr>
<td>Adoption of Accounting Std 158 Unrecognized Postretirement Charges</td>
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</table>
**TY 2007 Other Investment Income Schedule**

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from affiliates</td>
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</tr>
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</table>
# TY 2007 Other Liabilities Schedule

**Name:** American Medical Association  
**EIN:** 36-0727175

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year Amount</th>
<th>End of Year Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deferred rent</td>
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<td>3,783,874</td>
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<tr>
<td>Pension liability</td>
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<tr>
<td>Post-retirement benefits liability</td>
<td>52,132,490</td>
<td>46,821,342</td>
</tr>
<tr>
<td>Deferred compensation</td>
<td>3,635,457</td>
<td>4,046,652</td>
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<tr>
<td>Deferred office rent</td>
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<td>712,390</td>
</tr>
<tr>
<td>Deferred tenant allowances</td>
<td>0</td>
<td>1,974,745</td>
</tr>
</tbody>
</table>
Constitution of the
American Medical Association

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Objects

Article III
Members

Article IV
House of Delegates

Article V
Officers

Article VI
Board of Trustees

Article VII
Meetings

Article VIII
Funds, Dues and Assessments

Article IX
Amendments
Bylaws of the
American Medical Association

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  1.30 Transfer of Membership.
  1.40 Termination of Membership.
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  3.80 Installation of Officers.

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  4.70 Trustee.

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Glossary of Terms

Index to Constitution and Bylaws

This document includes all amendments approved by the House of Delegates through the Interim Meeting, November 2007.
Constitution

Article I    Name

The name of this organization is the American Medical Association.

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  Members

The American Medical Association is composed of individual members who are represented in the House of Delegates through state associations and other constituent associations, national medical specialty societies and other entities, as specified in the Bylaws.

Article IV   House of Delegates

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

Article V    Officers

The officers of the Association are the President, President-Elect, Immediate Past President, Secretary, Speaker of the House of Delegates, Vice Speaker of the House of Delegates and the other members of the Board of Trustees. Their qualifications and terms of office shall be provided in the Bylaws.

Article VI   Board of Trustees

The Board of Trustees 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 and such duties as are prescribed in the Bylaws. The Board of Trustees is composed of twenty-one members. The House of Delegates shall elect the President, President-Elect, Immediate Past President, Speaker of the House of Delegates, Vice Speaker of the House of Delegates, twelve At-Large Trustees, a Young Physician Trustee, a Resident/Fellow Physician Trustee and a Public Trustee. A Medical Student Trustee shall be elected by the Medical Student Section.

Article VII  Meetings

The House of Delegates meets annually and at such other times as provided in the Bylaws.
Article VIII Funds, Dues and Assessments

Funds may be raised by annual dues or by assessment on the active members of the Association 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 IX Amendments

The House of Delegates may amend this Constitution at any meeting provided the proposed amendment has been introduced at the preceding meeting and provided two-thirds of the voting members of the House of Delegates registered at the meeting at which action is taken vote in favor of such amendment.
1.00—Membership

1.10 Categories.

Categories of membership in the American Medical Association (AMA) are: Active Constituent, Active Direct, Affiliate, Honorary, and International.

1.11 Active Membership.

1.111 Active Constituent, Constituent associations are recognized medical associations of states, commonwealths, districts, territories, or possessions of the United States of America. 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 meet one of the following requirements:

a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.

b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the American Osteopathic Association leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1111 Admission. Active constituent members are admitted to membership upon certification by the constituent association to the AMA, provided there is no disapproval by the Council on Ethical and Judicial Affairs.

1.112 Active Direct. Active direct members are those who apply for membership in the AMA directly. Applicants residing in states where the constituent 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 Federal Services that have been granted representation in the House of Delegates. Active direct members must meet one of the following requirements:

a. Possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent.
b. Are medical students in educational programs provided by a college of medicine or osteopathic medicine accredited by the Liaison Committee on Medical Education or the American Osteopathic Association leading to the MD or DO degree. This includes those students who are on an approved sabbatical, provided that the student will be in good standing upon returning from the sabbatical.

1.1121 Admission. Active direct members are admitted to membership upon application to the AMA, provided that there is no disapproval by the Council on Ethical and Judicial Affairs.

1.11211 Notice. The AMA shall notify each constituent association of the name and address of those applicants for active direct membership residing within its jurisdiction.

1.11212 Objections. Objections to applicants for active direct membership must be received by the Executive Vice President of the AMA within 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.

1.113 Council on Ethical and Judicial Affairs Review. The Council on Ethical and Judicial Affairs may consider information pertaining to the character, ethics, professional status and professional activities of the applicant for membership. The Council shall provide by rule for an appropriate hearing procedure to be provided to the applicant.

1.114 Rights and Privileges. Active 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.

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

1.1151 Active Constituent Members. Active constituent members shall pay their annual dues to the constituent associations for transmittal to the AMA, except as may be otherwise arranged by the Board of Trustees.

1.1152 Active Direct Members. Active direct members shall pay their annual dues directly to the AMA.

1.1153 Exemptions. On request, active members may be exempt from the payment of dues on January 1 following their sixty-fifth birthday, provided they are fully retired from the practice of medicine. Additionally, the Board of Trustees may exempt
members from payment of dues to alleviate financial hardship or because of retirement from medical practice due to medical 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 medical disability shall be reviewed annually.

1.1154 Delinquency. Active members are delinquent if their dues and assessments are not received by the date determined by the House of Delegates, and shall forfeit their membership in the AMA if such delinquent dues and assessments are not received by the AMA within 30 days after a notification to the delinquent member has been made on or following the delinquency date.

1.12 Affiliate Members.

Persons who belong to one of the following classes are eligible to become affiliate members of the AMA:

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 territories or possessions of the United States who are engaged in medical missionary, educational or philanthropic endeavors.

c. Dentists who hold the degree of DMD or DDS 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.

1.121 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 constituent association. 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.
1.122 Rights and Privileges. Affiliate members may attend AMA meetings but may not vote or hold office, and they are not eligible to receive publications of the AMA except by subscription.

1.123 Dues and Assessments. Affiliate members are not subject to dues or assessments.

1.13 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 are eligible to become honorary members of the AMA.

1.131 Admission. Membership is conferred by majority vote of the House of Delegates following nomination by the Board of Trustees. The election of honorary 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. Honorary members may attend AMA meetings but may not vote or hold office, and they are not eligible to receive publications of the AMA except by subscription.

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

1.14 International Members.

Physicians who have graduated from medical schools located outside 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:


b. 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.
1.141 Admission. International members are admitted to membership by providing a completed application 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 on information pertaining to the applicant’s character, ethical conduct, or professional status.

1.142 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 office.

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

1.20 Maintenance of Membership.

A member may hold only one category of membership in the AMA at any one time. Membership may be retained 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 AMA, except members serving full time in the Federal Services, who move to a jurisdiction in which the constituent 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 to continue membership in the AMA. Unless membership in the constituent association has been granted within 2 years after application, membership in the AMA shall cease.

1.40 Termination of Membership.

Upon official notification to the AMA 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 Bylaw 6.54.

1.50 Discrimination.

Membership in any category of the AMA 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, gender identity, age, or for any other reason unrelated to character, competence, ethics, professional status or professional activities.

1.60 Discipline.

The Council on Ethical and Judicial Affairs, after due notice and hearing may censure, suspend, expel, or place on probation any member of the AMA for an infraction of the
Constitution or these Bylaws, for a violation of the Principles of Medical Ethics, or for unethical or illegal conduct.

2.00—House of Delegates

2.10 Composition and Representation. The House of Delegates is composed of delegates selected by constituent associations and specialty societies, and other delegates as provided in this bylaw.

2.101 Qualification of Members of the House of Delegates. Members of the House of Delegates must be active members of the AMA.

2.102 Representation. The representational role of the delegates is multidimensional 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 House of Delegates.

c. Representation of the delegate’s physician constituents in the decision-making process of the House of Delegates.

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, delegates should vote on the basis of what is best for patients and quality medical care.

2.103 Autonomy. The participation of any organization in the House of Delegates is voluntary. Policy actions of the AMA do not in themselves bind an organization or subject it to any obligation that it does not voluntarily assume.

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 Bylaw 2.112.

2.111 Apportionment. The apportionment of delegates from each constituent association is one delegate for each 1,000, or fraction thereof, active constituent and active direct members of the AMA within the jurisdiction of each constituent association, as recorded by the AMA as of December 31 of each year.
2.1111 Effective Date. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year. Notwithstanding the foregoing requirements, the apportionment of delegates from each constituent association shall not be less than the 2003 apportionment while the specialty society delegate apportionment freeze set forth in Bylaw 2.121 is in effect.

2.11111 Retention of Delegate. If the membership information as recorded by the AMA as of 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, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. At the end of the one year grace period, any applicable decrease will be implemented.

2.1112 Phase-in (2008-2011) Following End of Apportionment Freeze. At the end of the one year grace period ending December 31, 2008, a phase-in period will be implemented such that the number of delegate seats lost by a constituent association will be limited to one seat per year during 2009-2011. On January 1, 2012, any remaining reduction of seats will be implemented, based on December 31, 2011 membership numbers. This Bylaw will sunset on January 2, 2012.

2.112 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 delegates allocated to it by apportionment during the first 2 years in which the unified membership bylaw provisions are implemented.

2.1121 Additional Delegates. A constituent association meeting the following criteria shall be entitled to the specified number of additional delegates.

2.1122 Unified Membership. A constituent association shall be entitled to 2 additional delegates if all of its members are also members of the AMA. If during any calendar year a constituent association adopts 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 the 2 additional delegates. The constituent association shall retain the 2 additional delegates only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that all of the constituent association’s members are members of the AMA.
2.1122 Minimum 75% Membership. A constituent association shall be entitled to one additional delegate if 75% or more of its members, but not all of its members, are members of the AMA. The constituent association shall retain the additional delegate only if the membership information as recorded by the AMA as of each subsequent December 31 confirms that 75% or more of the constituent association’s members are members of the AMA. If the membership information indicates that less than 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 if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. If the membership information for the constituent association, as recorded by the AMA as of the following December 31 indicates that for the second successive year less than 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 Maximum Additional Delegates. No constituent association shall be entitled to more than 2 additional delegates under Bylaw 2.112.

2.1124 Effective Date. The additional delegates provided for under this bylaw shall be based upon membership information recorded by the AMA as of December 31 of each year. Allocation of these seats shall take effect on January 1 of the following year.

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

2.114 Certification. The president or secretary of each constituent association shall certify to the AMA the delegates and alternate delegates from their respective associations. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

2.115 Term. Delegates from constituent associations shall be selected for 2-year terms and assume office on the date set by the constituent association, provided that such seats are authorized pursuant to these Bylaws. 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. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion.

2.116 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.117 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

2.1171 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 AMA.

2.1172 No Restriction on Selection. Nothing in this bylaw shall preclude a resident/fellow physician or medical student member from being selected to fill a full 2-year term as a delegate or alternate delegate from a constituent association as provided in Bylaw 2.115.

2.12 National Medical Specialty Societies. Each national medical specialty society granted representation in the House of Delegates is entitled to delegate representation based on the number of seats allocated to it by apportionment, and such additional delegate seat as may be provided under Bylaw 2.122.

2.121 Apportionment. The apportionment of delegates from each specialty society represented in the AMA House of Delegates is one delegate for each 1,000, or fraction thereof, physician members or fourth year medical student members of the AMA who select that specialty society to represent the member or who are allocated to that specialty society by extrapolation methods specified in AMA policy. Notwithstanding the foregoing requirements, the apportionment of delegates and alternate delegates in effect for 2003 from each specialty society represented in the AMA House of Delegates in 2003 shall remain in effect until December 31, 2007. 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 societies meeting the requirements of Bylaw 2.122.

2.1211 Phase-in (2008-2011) Following End of Apportionment Freeze. If the specialty society selection information as recorded by the AMA as of December 31, 2007 warrants a decrease in the number of delegates representing a specialty society, the specialty society shall be permitted to retain the same number of delegates, without decrease during 2008, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its members. Commencing January 1, 2009, a phase-in period will be implemented such that the number of delegate seats lost by a specialty society will be limited to one seat per year during 2009-2011. On January 1, 2012, any remaining reduction of seats will be implemented, based on December 31, 2011 membership numbers. This Bylaw will sunset on January 2, 2012.

2.122 Additional Delegate. A specialty society that has adopted and implemented bylaw provisions requiring unified membership is entitled to one additional delegate. If during any calendar year the specialty
society adopts bylaw provisions requiring unified membership, and such unified membership is to be fully implemented within the following calendar year, the specialty society shall be entitled to the additional delegate. The specialty society shall retain the additional delegate only if the membership information recorded by the AMA as of each subsequent December 31 confirms that all of the specialty society’s members are members of the AMA.

2.123 Selection. Each specialty society shall select and adjust the number of delegates to conform with the number of seats authorized under this bylaw.

2.124 Certification. The president or secretary of each specialty society shall certify to the AMA the delegates and alternate delegates from their respective societies. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

2.125 Term. Delegates from specialty societies shall be selected for 2-year terms, and shall assume office on the date set by the specialty society provided that such seats are authorized pursuant to these Bylaws. Specialty societies entitled to more than one delegate shall select them so that half the number, as near as may be, are selected each year. One-year terms may be provided but only to the extent and for such time as is necessary to accomplish this proportion.

2.126 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.13 Medical Student Regional Delegates. 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 Medical Student Regions defined by the Medical Student Section.

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

2.131 Qualifications. Medical Student Regional delegates must be active medical student members of the AMA.

2.132 Apportionment. The apportionment of delegates for each Medical Student Region is one delegate for each 2,000 active medical student members of the AMA in an educational program located within the jurisdiction of such Medical Student Region, as recorded by the AMA on December 31 of each year.

2.1321 Effective Date. In January of each year the AMA 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.

2.133 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 educational program is located. Medical Student Regional delegates and alternate delegates for each shall be elected by the Medical Student Section in accordance with procedures adopted by the 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.

2.134 Certification. The Chair of the Medical Student Section Governing Council shall certify to the AMA the delegates and alternate delegates for each Medical Student Region. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

2.135 Term. Medical Student Regional delegates and alternate delegates shall be elected for one-year terms and shall assume office on the date set by the Medical Student Section Governing Council.

2.136 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.14 Delegates from the Resident and Fellow Section. In addition to the delegate and alternate delegate representing the Resident and Fellow Section, resident and fellow physician delegates and alternate delegates shall be apportioned and elected in a manner as provided in this bylaw.

2.141 Qualifications. Delegates from the Resident and Fellow Section must be active members of the Resident and Fellow Section of the AMA.

2.142 Apportionment. The apportionment of delegates from the Resident and Fellow Section is one delegate for each 2,000 active resident and fellow physician members of the AMA, as recorded by the AMA on December 31 of each year.

2.1421 Effective Date. In January of each year, the AMA shall notify the Resident and Fellow Section Governing Council of the number of seats in the House of Delegates to which the Resident and Fellow Section is entitled. Such apportionment shall take effect on January 1 of the following year and shall remain effective for one year.

2.143 Election. To be eligible for election, a resident or fellow physician must receive the written endorsement of the physician’s constituent association or specialty society. Delegates and alternate delegates shall
be elected by the Resident and Fellow Section in accordance with procedures adopted by the Section.

2.144 Certification. The Chair of the Resident and Fellow Section Governing Council or his or her designee shall certify to the AMA the delegates and alternate delegates for the Resident and Fellow Section. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual Meeting of the House of Delegates.

2.145 Term. Delegates and alternate delegates from the Resident and Fellow Section shall be elected for one-year terms and shall assume office on the date set by the Resident and Fellow Section Governing Council.

2.146 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of the term.

2.15 Delegate from the Minority Affairs Consortium. The Minority Affairs Consortium shall be entitled to a delegate in the House of Delegates.

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

2.152 Selection. The delegate and alternate delegate shall be selected by the Minority Affairs Consortium in accordance with procedures adopted by the Minority Affairs Consortium.

2.153 Certification. The Chair of the Minority Affairs Consortium Governing Council shall certify to the AMA the delegate and alternate delegate for the Minority Affairs Consortium. Certification must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

2.154 Term. 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.

2.155 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

2.16 Speaker and Vice Speaker Additional Delegate. 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.

2.161 Status of Speaker and Vice Speaker. 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.
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.

2.162 Term. The delegates selected pursuant to this bylaw to serve 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.

2.17 Other Delegates. Each of the following is entitled to a delegate: AMA Sections; 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; and professional interest medical associations granted representation in the House of Delegates.

2.171 Certification. The president, secretary or other authorized individual of each entity shall certify to the AMA their respective delegate and alternate delegate.

2.172 Term. Delegates from these entities shall be selected for 2-year terms, and shall assume office on the date set by the entity. Certification of delegates and alternate delegates must occur at least 30 days prior to the Annual or Interim Meeting of the House of Delegates.

2.173 Vacancies. The delegate selected to fill a vacancy shall assume office immediately after selection and serve for the remainder of that term.

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

2.181 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.

2.19 Alternate Delegates. Each organization represented in the House of Delegates may select an alternate delegate for each of its delegates entitled to be seated in the House of Delegates.

2.191 Qualifications. Alternate delegates must be active members of the AMA.

2.192 Certification. Alternate delegates shall be certified to the AMA in the same manner as delegates.
2.193 Term. Alternate delegates shall be selected for a 2-year term, and shall assume office on the date set by the organization, unless otherwise provided in these Bylaws.

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

2.195 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, offer an amendment to a pending matter, make motions, and vote.

2.196 Status. 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, nor vote in any election conducted by the House of Delegates. 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.

2.20 Official Observer. National organizations may apply to the Board of Trustees for official observer status in the House of Delegates. Applicants must demonstrate compliance with guidelines for official observers adopted by the House of Delegates, and the Board of Trustees shall 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.

2.201 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 House of Delegates. Official observers have the right to speak and debate on the floor of the House of Delegates upon invitation from the Speaker. Official observers do not have the right to introduce business, introduce an amendment, make a motion, or vote.

2.30 Registration and Seating of Delegates.

2.31 Notification. In January of each year, the AMA shall notify each organization of the number of seats in the House of Delegates to which it is entitled during the current year.

2.32 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, secretary, or other authorized individual of the delegate’s or alternate delegate’s organization stating that the delegate or alternate delegate has been properly selected to serve in the House of Delegates.
2.33 Lack of Credentials. A delegate or alternate delegate may be seated without the certificate defined in Bylaw 2.32 provided proper identification as the delegate or alternate delegate selected by the respective organization is established, and so certified to the AMA.

2.34 Substitute. When a delegate or alternate delegate is unable to attend a meeting of the House of Delegates, the appropriate authorities of the organization 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.

2.341 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 Bylaw 2.34 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 in the House of Delegates 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.

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

2.36 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.

2.37 Medical Student Seating. Each Medical Student Regional delegate shall be seated with the constituent association representing the jurisdiction within which such delegate’s educational program is located.

2.38 Resident and Fellow Seating. Each delegate from the Resident and Fellow Section shall be seated with the physician’s endorsing constituent association or specialty society. In the case where a delegate has been endorsed by both a constituent association and specialty society, the delegate must choose, prior to the election, with which delegation the delegate wishes to be seated.
2.40 Procedure.

2.41 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 of Delegates, by majority vote, may change the order of business.

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

2.43 Introduction of Business.

2.431 Resolutions. To be considered as regular business, each resolution must be introduced by a delegate or organization represented in the House of Delegates and must have been submitted to the AMA not later than 30 days prior to the commencement of the meeting at which it is to be considered, with the following exceptions.

2.4311 Exempted Resolutions. If the policy making body of any organization represented in the House of Delegates adjourns during the 5-week period preceding commencement of a House of Delegates meeting, the organization is allowed 7 days after the close of its meeting to submit resolutions to the AMA. All such resolutions must be received by noon of the day before the commencement of the House of Delegates meeting. The presiding officer of the organization shall certify that the resolution was adopted at its just concluded meeting and that the body directed that the resolution be submitted to the House of Delegates.

2.4312 AMA Sections. Resolutions presented from the business meetings of the AMA Sections 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.

2.4313 Late Resolutions. Late resolutions may be presented by a delegate any time prior to the final day of a meeting, but will be accepted as business of the House of Delegates only upon two-thirds vote of delegates present and voting.
2.4314 Objection to Consideration. Resolutions submitted pursuant to Bylaw 2.431 shall be accepted as business of the House of Delegates upon presentation by the Speaker of the House, unless there is formal objection to consideration that is sustained by a two-thirds vote of delegates present and voting.

2.4315 Emergency Nature. On the final day of a meeting, delegates may present resolutions of an emergency nature which shall be accepted pursuant to Bylaw 2.452.

2.432 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.

2.433 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.

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

2.44 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 meeting shall be referred to an appropriate reference committee for hearings and report.

2.45 New Business on Final Day of House of Delegates Meeting.

2.451 Requirements. Reports, recommendations, resolutions or other new business presented by the Board of Trustees on the final day of a meeting shall be accepted as business before the House and shall not be referred to a reference committee, but adoption of the recommendation(s) in the report or other item(s) of business shall require a three-fourths vote of delegates present and voting.
2.452 Emergency Resolutions. Resolutions of an emergency nature presented by 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.

2.4521 If the reference committee reports that the matter is of an emergency nature, the resolution shall be presented to the House of Delegates without further consideration by a reference committee. Adoption of the recommendation(s) in the emergency resolution shall require a three-fourths vote of delegates present and voting.

2.4522 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.

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

2.50 Meetings of the House of Delegates

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

2.511 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 by majority vote of delegates present and voting.

2.52 Special Meetings of the House of Delegates. Special Meetings of the House of Delegates shall be called by the Speaker on written request of 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 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.
2.53 Locations. The House of Delegates shall meet in cities selected by the Board of Trustees.

2.54 Meetings.

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

2.54.2 Closed. A closed meeting shall be restricted to members of the AMA, and to employees of the AMA and of organizations represented in the House of Delegates.

2.54.3 Executive. An executive meeting shall be limited to the members of the House of Delegates and to such employees of the AMA necessary for its functioning.

2.60 Committees of the House of Delegates.

2.61 Reference Committees of the House of Delegates.

2.61.1 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 AMA shall be referred to this committee.

2.61.2 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.

2.61.3 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.

2.61.4 Size. Each reference committee shall consist of 7 members, unless otherwise provided.

2.61.5 Term. Reference committees shall serve only during the meeting at which they are appointed, unless otherwise directed by the House of Delegates.
2.616 Organization.

2.6161 Consideration of Business. Each reference committee shall convene whenever necessary. It shall consider business referred to it and report to the House of Delegates.

2.6162 Quorum. A majority of the members of each committee shall constitute a quorum.

2.6163 Request Witnesses. Reference committees may request whomever they wish to appear before them to help formulate their conclusions and recommendations.

2.617 Procedure and Reports.

2.6171 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 decided by the House of Delegates.

2.6172 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.

2.6173 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.

2.6174 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 of delegates present and voting, the resolution is withdrawn and is recorded in the minutes of the meeting as having been withdrawn without action.
2.62 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.

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

2.622 Size. The committee shall consist of 7 members, unless otherwise provided.

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

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

2.625 Report. The report of the committee shall be presented to the House of Delegates at the call of the Speaker.

2.63 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.

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

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

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

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

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

2.636 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 2.431.

2.637 Report. 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.
2.64 Committee on Compensation of the Officers. The Committee on Compensation of the Officers is responsible for annually recommending the structure, form and level of total compensation of the Officers. 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.

2.641 Appointment. The Speaker and President jointly shall appoint the members of the committee. The term of each member shall be 3 years. Membership on this committee is restricted to delegates. The Committee shall select its Chair annually.

2.642 Size. The committee shall consist of 3 members.

2.643 Tenure. Members of the committee are eligible for appointment for one 3-year term.

2.644 Vacancies. The Speaker and President shall jointly appoint a delegate to fill a vacancy on the committee for the unexpired term. A member appointed to fill a vacancy of less than 18 months of the 3-year term shall be eligible for appointment to a subsequent 3-year term on the committee.

2.645 Report. The committee shall present an annual report to the House of Delegates recommending the level of total compensation for the Officers for the following year. The recommendations of 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.

2.65 Selection Committee for the Public Member of the Board of Trustees. The Selection Committee for the Public Member of the Board of Trustees is responsible for submitting a nomination for the public trustee.

2.651 Appointment. The Speaker shall appoint 5 members of the House of Delegates as members of the Selection Committee. The Chair of the Board of Trustees shall appoint 2 Trustees as members of the Selection Committee. The Committee shall select its Chair biennially.

2.652 Size. The committee shall consist of 7 members.
2.653 Term.

2.6531 House of Delegates Members. House of Delegates Members shall be appointed for a term of 5 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.

2.6532 Trustee Members. The terms of the Trustee Members shall be determined by the Board of Trustees.

2.654 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.

2.655 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.

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

2.657 Nomination. The Selection Committee shall submit to the House of Delegates a nomination for the public trustee. Nominations shall be submitted for consideration prior to the expiration of the public trustee’s term. The nomination shall include the qualifications of the nominee. State medical associations, national medical specialty societies, AMA Sections, 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.

2.66 Special Committees of the House of Delegates. The House may establish special committees for specified terms of one to 3 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 AMA 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 in the House of Delegates.
2.661 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.

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

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

2.672 Size. Each committee shall consist of 7 members, unless otherwise provided.

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

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

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

3.00—Officers

3.10 Designations. The officers of the AMA shall be those specified in Article V of the Constitution.

3.20 Qualifications.

3.21 General. An officer, except the public trustee, must have been an active member of the AMA for at least 2 years immediately prior to election.

3.211 Resignation of AMA Position. Trustees, except the medical student trustee, shall resign all other positions held by them in the AMA upon their election. The medical student trustee shall resign all other positions held in the AMA upon assumption of office.

3.212 Delegate. Except for the Speaker and Vice Speaker, no person, while serving as an officer, shall be a delegate or an alternate delegate to the House of Delegates.
3.213 Restriction on Chair. 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.

3.22 Speaker and Vice Speaker. The Speaker and Vice Speaker of the House shall be elected from among the members of the House of Delegates.

3.23 Young Physician Trustee. The young physician trustee shall be an active physician member of the AMA under 40 years of age, who is not a resident/fellow physician.

3.24 Resident/Fellow Physician Trustee. The resident/fellow physician trustee shall be an active physician member of the AMA who meets the definition of a resident/fellow physician.

3.25 Medical Student Trustee. The medical student trustee shall be an active medical student member of the AMA.

3.26 Public Trustee. The public trustee shall be an individual who does not possess the United States degree of doctor of medicine (MD) or doctor of osteopathic medicine (DO), or a recognized international equivalent, and who is not a medical student.

3.30 Nominations. Nominations for officers, except for Secretary and the public trustee, shall be made from the floor by a member of the House of Delegates.

3.40 Elections.

3.41 Time of Election. Officers of the AMA, except the Secretary, the medical student trustee, and the public trustee, shall be elected by the House of Delegates at the Annual Meeting, except as provided in Bylaws 3.60 and 3.70. The public trustee may be elected at any meeting of the House of Delegates at which the Selection Committee for the Public Trustee submits a nomination for approval by the House of Delegates. On recommendation of the Committee on Rules and Credentials, the House of Delegates shall set the day and hour of such election.

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 At-Large Trustees.

3.4211 First Ballot. All nominees for the office of At-Large Trustee 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 number of votes within the number of Trustees to be elected.
3.4212 Runoff Ballot. A runoff 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 3 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 2 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 At-Large Trustees 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 4-year term of office. Unsuccessful candidates in any election for Trustee, other than the young physician trustee and the resident/fellow physician trustee, shall automatically be nominated for subsequent elections until all Trustees have been elected. In addition, nominations from the floor shall be accepted.

3.423 All Other Officers, except the Public Trustee. All other officers, except the public trustee, 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 2 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 Trustee. The public trustee shall be elected separately. The nomination for the public trustee shall be submitted to the House of Delegates by the Selection Committee for the Public Trustee. Nominations from the floor shall not be accepted. A majority vote of delegates present and voting shall be necessary to elect.

3.50 Terms and Tenure.

3.51 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.

3.52 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.

3.521 Limit on Total Tenure. An individual elected as Speaker may serve a maximum tenure of 4 years as Speaker. An individual elected as Vice Speaker may serve for a maximum tenure of 4 years as Vice Speaker.

3.53 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.

3.54 At-Large Trustees. At-Large Trustees shall be elected to serve for a term of 4 years, and shall not serve for more than 2 terms.

3.541 Limit on Total Tenure. Trustees may serve for a maximum tenure of 8 years. Trustees elected at an Interim Meeting may serve for a maximum tenure of 8 years from the Annual Meeting following their election. The limitation on tenure shall take priority over a term length for which the Trustee was elected.

3.542 Prior Service as Young Physician Trustee. Periods of service as the young physician trustee shall count as part of the maximum Board of Trustees tenure.

3.543 Prior Service as Resident/Fellow Physician Trustee or Medical Student Trustee. Periods of service as the resident/fellow physician trustee or as the medical student trustee shall not count as part of the maximum Board of Trustees tenure.

3.55 Resident/Fellow Physician Trustee. The resident/fellow physician trustee shall serve a term of 2 years and shall not serve for more than 3 terms. If the resident/fellow physician trustee is unable, for any reason, to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor 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 trustee was elected.

3.551 Cessation of Residency/Fellowship. The term of the resident/fellow physician trustee shall terminate and the position shall be declared vacant if the trustee should cease to be a resident/fellow physician. If the trustee completes residency or fellowship within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until the completion of the Annual Meeting.

3.56 Medical Student Trustee. The Medical Student Section shall elect the medical student trustee annually. The medical student trustee shall have all of the rights of a trustee 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.

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

3.562 Re-election. The medical student trustee shall be eligible for re-election as long as the trustee remains eligible for medical student membership in AMA.

3.563 Cessation of Enrollment. The term of the medical student trustee shall terminate and the position shall be declared vacant if the medical student trustee should cease to be eligible for medical student membership in the AMA by virtue of the termination of the trustee’s enrollment in an educational program. If the medical student trustee graduates from an educational program within 90 days prior to an Annual Meeting, the trustee shall be permitted to continue to serve on the Board of Trustees until completion of the Annual Meeting.

3.57 Young Physician Trustee. The young physician trustee shall be elected for a term of 4 years, and shall not serve for more than 2 terms.

3.571 Age Limitation. A young physician trustee shall be eligible to serve on the Board of Trustees for the full term for which the trustee was elected, even though the trustee reaches 40 years of age during that term. However, a trustee 40 years old or older shall not be eligible to be nominated for election or re-election as the young physician trustee.

3.58 Public Trustee. Prior to 2007, the public trustee shall be elected for a term of 2 years, and shall not serve for more than 3 terms. A public trustee elected in 2007 and thereafter shall be elected for a term of 4 years, and shall not serve for more than one term. A public trustee shall have all of the rights of a trustee to participate fully in meetings of the Board, including the right to make motions and to vote on policy issues, except that a public trustee shall not have the right to vote on intra-Board elections. A public trustee shall not be eligible for election as an officer of the Board of Trustees.

3.581 Limit on Total Tenure. The public trustee elected prior to 2007 shall be limited to a maximum tenure of 6 years. A public trustee elected in 2007 and thereafter shall be limited to a maximum tenure of 4 years.

3.60 Vacancies

3.61 Appointment. The Board of Trustees may, by appointment, fill any vacancy in the office of Speaker, Vice Speaker or Trustee, except the public trustee, to serve until the next meeting of the House of Delegates. A vacancy in the office of medical student trustee shall be filled by appointment by the Board of Trustees from 2 or more nominations provided by the Medical Student Section Governing
Council. The Board of Trustees may request additional nominations from the Medical Student Section Governing Council before making the appointment.

3.62 Public Trustee Vacancy. If the public trustee is unable to complete the term for which elected, the remainder of the term shall be deemed to have expired.

3.63 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.

3.64 Absences. If an officer misses 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 Bylaw 3.63.

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 Bylaw 3.51. 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 Officers. The officers of the AMA shall assume their duties at the close of the meeting at which they are elected, except as stated herein. The medical student trustee shall assume office at the close of the Annual Meeting following the Interim Meeting at which the medical student trustee was elected. If elected at an Interim Meeting or Special Meeting, the public trustee shall assume office at the close of the Annual Meeting following his or her election. If elected at an Annual Meeting, the public trustee shall assume office at the close of the Annual Meeting at which he or she 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 inauguration.

3.811 Inauguration. The inauguration 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 the inauguration 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 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 AMA. 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 AMA.

4.204 Nominate a member for a full term of 7 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 AMA.

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.

4.403 Shall be entitled to vote in the House of Delegates.

4.404 Shall serve, ex officio, as a member of the Board of Trustees. The Speaker shall have all of the rights of a trustee 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.

4.405 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.

4.504 Shall serve, ex officio, as a member of the Board of Trustees. The Vice Speaker shall have all of the rights of a trustee 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. Each Trustee is charged with providing oversight and guardianship of the AMA's financial health and the pursuit of the AMA's purpose and vision. Each Trustee:

4.701 Shall act to safeguard the integrity of the AMA through good governance practices.

4.702 Shall function as effective representative of the AMA in presenting the AMA's policies and positions.

4.703 Shall provide leadership and guidance in promoting the core tenet of professionalism and in promoting AMA membership.
4.704 May serve on councils or committees when specifically provided for in the Bylaws.

5.00—Board of Trustees

5.10 Organization.

5.101 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.

5.1011 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.

5.1012 Chair. The Chair shall:

5.10121 Exercise authority as the Board of Trustees’ primary officer.

5.10122 Direct and guide preparation of agendas for meetings of the Board of Trustees.

5.10123 Preside over meetings of the Board of Trustees and its Executive Committee.

5.10124 Make and coordinate assignments for Trustees. Assignments for the President shall be in accord with Bylaw 4.106.

5.10125 Serve as the primary spokesperson for the Board of Trustees.

5.10126 Assure a sound working relationship between the Board of Trustees and the Executive Vice President.

5.1013 Chair-elect. The Chair-elect shall assume the duties of the Chair in the Chair’s absence or at the request of the Chair.

5.102 Executive Committee. The Board of Trustees at its organization meeting may designate 3 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.
5.20 Meetings.

5.201 Regular Meetings. There shall be at least 4 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 10 days before each such meeting.

5.202 Special Meetings. Special meetings may be called at any time by the Chair or at the request of 7 members of the Board. Notice shall be given at least 2 days before each such meeting.

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

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

5.2041 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.

5.205 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.

5.206 Electronic Communications. Any actions required to be in writing may be taken or transmitted by Trustees by electronic mail or other electronic means approved by the Board of Trustees.

5.30 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, the Board of Trustees shall:

5.301 Management. 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.

5.3011 The Board is the principal governing body of the AMA and it exercises broad oversight and guidance for the AMA with respect to the management systems and risk management program of the AMA through its oversight of the AMA’s Executive Vice President.
5.3012 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.

5.302 Planning. Serve as the principal planning agent for the AMA.

5.3021 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.

5.3022 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 AMA’s vision, goals, and priorities.

5.303 Fulfillment of House of Delegates Charge. 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. 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.

5.3031 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.

5.304 Publication. 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 the medical profession.

5.305 Election of Secretary. Select a Secretary from one of its members annually.

5.306 Selection of Executive Vice President. Select and evaluate an Executive Vice President.

5.3061 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, goals, and priorities
of the AMA. The Executive Vice President is both a key leader for the organization and the bridge between AMA management and the Board of Trustees.

5.3062 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.

5.3063 The Executive Vice President shall ensure that there is an active and effective risk management program.

5.3064 No individual who has served as an AMA Officer or Trustee shall be selected or serve as Executive Vice President until 3 years following completion of the term of the AMA office.

5.307 Finances. Maintain the financial health of the AMA. The Board shall:

5.3071 Oversee the development and approve the annual budget for the AMA, consistent with the AMA’s vision, goals, and priorities.

5.3072 Ensure that the AMA’s resource allocations are aligned with the AMA’s plan and budget.

5.3073 Evaluate membership dues levels and make related recommendations to the House of Delegates.

5.3074 Review and approve financial and business decisions that significantly affect the AMA’s revenues and expenses.

5.3075 Have the accounts of the AMA audited at least annually.


5.309 Appointment of Committees. Appoint such committees as necessary to carry out the purposes of the AMA.

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

5.311 Litigation. Initiate, defend, settle, or otherwise dispose of litigation involving the interests of the AMA.
6.00—Councils

6.01 Responsibilities.

6.011 Information and Recommendations. All Councils 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.

6.0111 Method of Reporting. Councils, except the Council on Ethical and Judicial Affairs and the Council on 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.

6.0112 Method of Referral. Referrals from the House of Delegates to a Council shall be made through the Board of Trustees. The Board may, in addition, refer the matter to such other councils as it deems appropriate.

6.012 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.

6.013 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 House of Delegates and other organizational units as may be appropriate.

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.

6.10 Council on Constitution and Bylaws.

6.11 Functions.

6.111 To serve as a fact-finding and advisory committee on matters pertaining to the Constitution and Bylaws:
6.112 To recommend such changes in the Constitution and Bylaws as it deems appropriate for action by the House of Delegates; and

6.113 To serve as advisory to the Board of Trustees in reviewing the rules, regulations, and procedures of AMA Sections.

6.12 Membership.

6.121 Eight active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.122 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.

6.20 Council on Medical Education.

6.21 Functions.

6.211 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;

6.212 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;

6.213 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

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

6.22 Membership.

6.221 Twelve 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, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.30 Council on Medical Service.

6.31 Functions.

6.311 To study and evaluate the social and economic aspects of health care; and, on behalf of the public and the profession, to recommend relevant
policy changes to improve health care delivery in a changing socioeconomic environment;

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

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

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

6.32 Membership.

6.321 Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.


6.41 Functions.

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

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

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

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

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

6.416 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

6.417 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 associations and component societies.
6.42 Membership.

6.421 Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student.

6.50 Council on Ethical and Judicial Affairs.

6.51 Authority. The Council on Ethical and Judicial Affairs is the judicial authority of the AMA, and its decision shall be final.

6.52 Functions.

6.521 To interpret the Principles of Medical Ethics of the AMA through the issuance of Opinions;

6.522 To interpret the Constitution, Bylaws and rules of the AMA;

6.523 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;

6.524 To receive appeals filed by applicants who allege that they, because of sex, color, creed, race, religion, disability, ethnic origin, national origin, sexual orientation, gender identity, age, or for any other reason unrelated to character or competence have been unfairly denied membership in a constituent association and/or component society, 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 association and/or component society involved be declared to be no longer a constituent association and/or component society member of the AMA;

6.525 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, expel, or place on probation the accused; and

6.526 To approve applications and nominate candidates for affiliate membership as otherwise provided for in Bylaw 1.12.

6.53 Original Jurisdiction. The Council on Ethical and Judicial Affairs shall have original jurisdiction in:

6.531 All questions involving membership as provided in Bylaws 1.111, 1.112, 1.12, 1.14, and 1.60.
6.532 All controversies arising under this Constitution and Bylaws and under the Principles of Medical Ethics to which the AMA is a party.

6.533 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.

6.54 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.

6.541 Appeal Mechanisms. Notice of appeal shall be filed with the Council on Ethical and Judicial Affairs within 30 days of the date of the decision by the component society or the constituent association and the appeal shall be perfected within 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 30 days for perfecting the appeal.

6.55 Membership.

6.551 Nine active members of the AMA, one of whom shall be a resident/fellow physician and one of whom shall be a medical student. 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 an Officer of the AMA, or serve on any other council, committee, or as representative to or Governing Council member of an AMA Section.

6.552 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.

6.56 Nomination and Election. The 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 associations, national medical specialty societies, Sections, and other organizations represented in the House of Delegates, and members of the Board of Trustees may submit the names and qualifications of candidates for consideration by the President-Elect.

6.57 Term.

6.571 The medical student member of the Council shall be elected for a term of 2 years. If the medical student member ceases to be enrolled in an educational 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.

6.572 The resident/fellow physician member of the Council shall be elected for a term of 3 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician 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.

6.573 All other members of the Council shall be elected for a term of 7 years, so arranged that at each Annual Meeting the term of one member shall expire.

6.58 Tenure. Members of the Council may serve only one term, except that the resident/fellow physician member and the medical student member shall be eligible to serve for 2 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.

6.59 Vacancies.

6.591 Members other than the Resident/Fellow Physician Member. Any vacancy among the members of the Council 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.

6.592 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases to complete the term for which 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 3-year term.
6.60 Council on Long Range Planning and Development.

6.61 Functions.

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

6.612 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;

6.613 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

6.614 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 AMA’s outreach, communications, and advocacy activities.

6.62 Membership.

6.621 Ten active members of the AMA. Five members 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, 2 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 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 appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.

6.63 Term.

6.631 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of the Council other than the resident/fellow physician and medical student member shall be appointed for terms of 4 years beginning on July 1.

6.632 Resident/Fellow Physician Member. The resident/fellow physician member of the Council shall be appointed for a term of 3 years provided that if the resident/fellow physician member ceases to be a resident/fellow physician 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 thereupon terminate, and the position shall be declared vacant.
6.633 Medical Student Member. The medical student member of the Council shall be appointed for a term of one year. If the medical student member ceases to be enrolled in an educational 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 thereupon terminate, and the position shall be declared vacant.

6.64 Tenure. Members of the Council may serve for no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was appointed.

6.65 Vacancies.

6.651 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 Bylaw 6.62. The new member shall be appointed for a 4-year term.

6.652 Resident/Fellow Physician Member. If the resident/fellow physician member of the Council ceases 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 3-year term.

6.70 Council on Legislation.

6.71 Functions.

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

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

6.713 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;

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

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

6.716 To monitor the development and issuance of federal regulations and to make recommendations to the Board of Trustees concerning action on such regulations; and
6.717 To develop and recommend to the Board of Trustees models for state legislation.

6.72 Membership.

6.721 Twelve active members of the AMA, one of whom shall be a resident/fellow physician, and one of whom shall be a medical student. These members of the Council shall be appointed by the Board of Trustees. The medical student member shall be appointed from nominations submitted by the Medical Student Section.

6.73 Term.

6.731 Members of the Council on Legislation shall be appointed for terms of one year, beginning on July 1 of each year. If the resident/fellow physician member ceases to be a resident/fellow physician 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 thereupon terminate, and the position shall be declared vacant. If the medical student member ceases to be enrolled in an educational program the service of such medical student member on the Council shall thereupon terminate, and the position shall be declared vacant.

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

6.75 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.


6.81 Nomination and Election. Members of these Councils, except the medical student member, shall be elected by the House of Delegates. The Board of Trustees shall nominate 2 or more eligible members for each vacancy on the Council, and further nominations may be made from the floor of the House.

6.811 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 2 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.
6.812 Other Council Members. 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.

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

6.814 Subsequent Ballots. If all vacancies are not filled on the first ballot and 3 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 2 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.

6.815 Council Members to be Elected to Fill Vacancies after a Prior Ballot. 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 4-year term. Unsuccessful candidates in the election for members of the Council 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.

6.82 Medical Student Member. Medical student members of these Councils shall be appointed by the Governing Council of the Medical Student Section with the concurrence of the Board of Trustees.


6.91 Term.

6.911 Members other than the Resident/Fellow Physician Member and Medical Student Member. Members of these Councils other than the
resident/fellow physician and medical student member shall be elected for terms of 4 years.

6.912 Resident/Fellow Physician Member. The resident/fellow physician member of these Councils shall be elected for a term of 3 years. If the resident/fellow physician member ceases to be a resident/fellow physician 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.

6.913 Medical Student Member. The medical student member of these Councils shall be appointed for a term of one year. If the medical student member ceases to be enrolled in an educational 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.

6.92 Tenure. Members of these Councils may serve no more than 8 years. The limitation on tenure shall take priority over a term length for which the member was elected.

6.93 Vacancies.

6.931 Members other than the Resident/Fellow Physician and Medical Student Member. Any vacancy among the members of these Councils other than the resident/fellow physician and medical student member shall be filled at the next Annual Meeting of the House of Delegates. The successor shall be elected by the House of Delegates for a 4-year term.

6.932 Resident/Fellow Physician Member. If the resident/fellow physician member of these Councils ceases to complete the term for which elected, the remainder of the term shall be deemed to have expired. The successor shall be elected by the House of Delegates for a 3-year term.

6.100 Commencement of Term. Members of Councils who are elected by the House of Delegates shall assume office at the close of the meeting at which they are elected.

6.200 Term of Resident/Fellow Physician or Medical Student Member. A resident/fellow physician or medical student member of a Council who completes residency or fellowship or who graduates from an educational 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.
7.00—Sections

7.01 Mission of the Sections.

7.011 Involvement. To provide a direct means for membership segments represented in the Sections to participate in the activities, including policy-making, of the AMA.

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

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

7.014 Membership. To promote AMA membership growth.

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

7.016 Education. 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. The report(s) 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 report(s) to the Sections as it deems appropriate, prior to transmitting the report(s) to the House of Delegates without delay or modification by the Board. The Board may also submit written recommendations regarding the report(s) to the House of Delegates.

7.03 Governing Council. There shall be a Governing Council for each Section to direct the programs and the activities of the Section. The programs and activities shall be subject to the approval of the Board of Trustees or the House of Delegates.

7.031 Qualifications. Members of each Section Governing Council must be members of the AMA and of the Section.

7.032 Voting. Members of each Section Governing Council shall be elected by the voting members of the Section present at the business meeting of the Section, unless otherwise provided in this Bylaw.

7.033 Additional Requirements. Each Section shall adopt rules governing the composition, election, term, and tenure of its Governing Council.
7.04 Officers. Each Section shall select a Chair and Vice Chair or Chair-Elect and other necessary and appropriate officers.

7.041 Qualifications. Officers of each Section must be members of the AMA and of the Section.

7.042 Voting. Officers of each Section shall be elected by the voting members of the Section, unless otherwise provided in this Bylaw.

7.043 Additional Requirements. Each Section shall adopt rules governing the titles, duties, election, term, and tenure of its officers.

7.05 Delegate and Alternate Delegate. Each Section shall elect a Delegate and Alternate Delegate to represent the Section in the House of Delegates.

7.06 Business Meeting. There shall be a Business Meeting of members of each Section. The Business Meeting shall be held on a day prior to each Annual and Interim Meeting of the House of Delegates.

7.061 Purpose. The purposes of the Business Meeting shall be:

7.0611 To hear such reports as may be appropriate.

7.0612 To consider other business and vote upon such matters as may properly come before the meeting.

7.0613 To adopt resolutions for submission by the Section to the House of Delegates.

7.0614 To hold elections.

7.062 Meeting Procedure.

7.0621 The Business Meeting shall be open to all members of the AMA.

7.0622 Only duly selected representatives who are AMA members shall have the right to vote at the Business Meeting.

7.0623 The Business Meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council. The rules of procedure may specify the rights and privileges of Section members, including any limitations on participation or vote.

7.07 Rules. All rules, regulations, and procedures adopted by each Section shall be subject to the approval of the Board of Trustees.

7.10 Resident and Fellow Section.

7.11 Membership. All active resident/fellow physician members of the AMA shall be members of the Resident and Fellow Section.
7.12 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.11 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member completes residency or fellowship within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting.

7.13 Representatives to the Business Meeting.

7.131 Constituent Members. Resident/fellow physician members in those constituent associations that provide full membership for them shall select one representative for each 100, or fraction thereof, active members of the AMA who are eligible to be members of the Resident and Fellow Section and are members of the constituent association. The AMA shall notify each constituent association of the number of representatives to which it is entitled.

7.132 Direct Members. Resident/fellow physicians who are direct members of the AMA 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 those states that do not provide full membership for resident/fellow physicians on the basis of one representative for each 100, or fraction thereof, direct members of the AMA from that state who are resident/fellow physicians. The Governing Council shall select representatives pursuant to uniform rules and criteria that they may adopt.

7.133 Members Serving in the Federal Services. Resident/fellow physicians who are direct members of the AMA and serving in the Federal Services or other Federal agencies may be selected as representatives to the Business Meeting upon application to the Governing Council. The Governing Council shall select representatives from the Federal Services and other Federal agencies on the basis of one representative for each 100, or fraction thereof, direct members of the AMA from each of the Federal Services and other Federal agencies who are resident/fellow physicians. The Governing Council shall select such representatives pursuant to such uniform rules and criteria that they may adopt.

7.134 National Medical Specialty Societies. Those national medical specialty societies that have been granted representation in the House of Delegates and have established a resident/fellow physician membership component may be represented at the Business Meeting by a representative selected by the resident/fellow physician members of the specialty society. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty society has established a resident/fellow physician membership component so as to qualify for representation at the Business Meeting. The procedure by which the resident/fellow physician representative from the specialty society is selected must meet the requirements established by the Governing Council.
7.135 Professional Interest Medical Associations. Each qualified Professional Interest Medical Association may be represented at the Business Meeting 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 qualifies for representation at the Business Meeting. 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.

7.136 Certification. All representatives to the Business Meeting must be resident/fellow physician members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

7.14 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.061, the purposes of the meeting shall include:

7.141 To adopt procedures for election of delegates and alternate delegates for the Resident and Fellow Section established in Bylaw 2.14.

7.142 To elect, at the business meeting prior to the Interim Meeting of the AMA, delegates and alternate delegates for the Resident and Fellow Section. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.20 Section on Medical Schools.

7.21 Membership.

7.211 The Chief Administrative Officer (i.e. Dean) of each medical school with an educational program as defined in Bylaw 1.11 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 medical school with an educational program as defined in Bylaw 1.11 selected by the Chief Administrative Officer of the educational program.

7.213 One member of the faculty of each medical school with an educational program as defined in Bylaw 1.11 selected by the physician members of the faculty.

7.214 One representative from an affiliated graduate medical education program appointed by the Chief Administrative Officer (i.e. Dean) of each medical school with an educational program as defined in Bylaw 1.11.
7.215 AMA members who have a faculty appointment at a medical school with an educational program as defined in Bylaw 1.11 and who elect to be members of the Section. Such election shall be made in accordance with rules, regulations, and procedures established by the Governing Council.

7.216 Ten at-large members representing the interests of graduate medical education and 10 at-large members representing the interests of continuing medical education, who are appointed by the Governing Council of the Section on Medical Schools. These individuals need not have faculty appointments at a medical school with an educational program as defined in Bylaw 1.11.

7.30 Medical Student Section.

7.31 Membership. All active medical student members of the AMA shall be members of the Medical Student Section.

7.32 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.31 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If the officer or member graduates from an educational program within 90 days prior to an Annual Meeting, the officer or member shall be permitted to continue to serve in office until the completion of the Annual Meeting.

7.33 Representatives to the Business Meeting.

7.331 Representatives. The AMA medical student members of each educational program as defined in Bylaw 1.11 may select one representative and one alternate representative.

7.332 Medical School Campus. The AMA medical student members of an educational program as defined in Bylaw 7.331 that has more than one campus may select a representative and an alternate representative from each campus. 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 student body is assigned for some portion of their instruction over a period of time not less than an academic year.

7.3321 A request to seat a representative from a campus other than the main campus of the school must be submitted to the Medical Student Section at least 90 days in advance of the first meeting at which the representative will be seated. The Governing Council shall establish appropriate rules for credentialing all representatives.

7.3322 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 representative and one alternate representative to represent the campus.
7.333 National Medical Specialty Societies. Each national medical specialty society granted representation in the House of Delegates that has established a medical student component is entitled to one representative and one alternate representative selected by the medical student members of the specialty society. The Governing Council shall adopt uniform rules and criteria to determine if a national medical specialty society has established a medical student membership component so as to qualify for representation at the Business Meeting. The procedure by which the medical student representative from the specialty society is selected must meet the requirements established by the Governing Council.

7.334 National Medical Student Organizations. National medical student organizations that have been granted representation in the Medical Student Section Business Meeting may select one representative and one alternate representative.

7.3341 Criteria for Eligibility. National medical student organizations that meet the following criteria may be considered for representation in the 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.

7.3342 Procedure. The Medical Student Section shall adopt appropriate rules for the application, acceptance and retention of national medical student organizations. Recommendations for acceptance and discontinuance shall be subject to the approval of the Board of Trustees.

7.3343 Rights and Responsibilities. The medical student representative of each national medical student organization granted representation in the Business Meeting shall have full voting rights, including the right to vote in any elections at the conclusion of a 2-year probationary period with regular attendance. The representatives shall not be eligible for election to any office in the Medical Student Section.
7.335 Certification. All representatives to the Business Meeting must be medical student members of the AMA and shall be properly certified to the Governing Council in accordance with rules established by the Governing Council.

7.34 Additional Purposes of the Meeting. In addition to the purposes of the Business Meeting set forth in Bylaw 7.061, the purposes of the meeting shall include:

7.341 To elect the medical student trustee at the Business Meeting prior to the Interim Meeting of the AMA.

7.342 To adopt procedures for election of Medical Student Regional delegates and alternate delegates established in Bylaw 2.13.

7.343 To elect Medical Student Regional delegates and alternate delegates at the business meeting prior to the Interim Meeting of the AMA. Elected delegates and alternate delegates shall be seated at the Annual Meeting of the House of Delegates.

7.40 Organized Medical Staff Section.

7.41 Membership. Membership in the Section shall be limited to physicians, including residents and fellows, 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 2 Business Meetings.

7.42 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.41 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.

7.43 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. The representatives must be physician members of the medical staff or residents/fellows affiliated with 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 2 Business Meetings. Selected representatives to the Business Meeting shall be properly certified by the President or Secretary of the medical staff.

7.431 Members of the Governing Council who have completed their terms and the chairs of state 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 are properly certified by the President or Secretary of the state 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.

7.432 All past chairs of the AMA Organized Medical Staff Section may attend the Business Meeting 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.

7.50 Young Physicians Section.

7.51 Membership. All active physician members of the AMA who are not resident/fellow physicians, but who are under 40 years of age or are within the first 8 years of professional practice after residency and fellowship training programs, shall be members of the Young Physicians Section.

7.52 Cessation of Eligibility. If any officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.51 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant. If any officer’s or member’s term would terminate prior to the conclusion of an Annual Meeting, such officer or member shall be permitted to serve in office until the conclusion of the Annual Meeting in the calendar year in which such officer or member ceases to meet the membership requirements of Bylaw 7.51, as long as the officer or member remains an active physician member of the AMA. The preceding 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 the 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 officer remains an active physician member of the AMA.

7.53 Representatives to the Business Meeting. The Business Meeting shall consist of representatives from constituent associations, Federal Services, and national medical specialty societies represented in the House of Delegates. There shall be no alternate representatives.

7.531 Constituent Associations, National Medical Specialty Societies, and Federal Services. Each constituent association and Federal Service shall be entitled to representation based on the number of seats allocated to it by apportionment. Each national medical specialty society granted representation in the House of Delegates shall be entitled to representation based on the number of seats allocated to it by apportionment. In addition, unified constituent associations and specialty societies that are entitled to additional representation pursuant to Bylaw 2.1121 or Bylaw 2.122 shall be entitled to 2 additional representatives.

7.5311 Apportionment. The apportionment for each constituent association, Federal Service, and national medical specialty society is 2 representatives for each 1,000, or fraction thereof, members of the Young Physicians Section who are members of the constituent association, Federal Service, or specialty society, as recorded by the AMA as of December 31 of each year. Each
constituent association, Federal Service, and specialty society shall automatically be entitled to 2 representatives, who may be selected in any manner. Those constituent associations, Federal Services, or specialty societies who are eligible for more than 2 representatives, shall select the additional representatives according to rules and criteria developed by the Governing Council to ensure that they are selected in a fair and equitable manner allowing open representation.

7.5312 Effective Date. Such apportionment shall take effect on the following January 1 and shall remain effective for one year. In January of each year, the AMA shall notify each constituent association and Federal Service of the number of seats to which it is entitled during the current year. All specialty societies seeking additional representative seats beyond the first two are required to submit evidence documenting the number of their AMA young physician members.

7.53121 Retention of Representative. If the membership information as recorded by the AMA as of December 31 warrants a decrease in the number of representatives representing a constituent association, Federal Service, or national medical specialty society, that entity shall be permitted to retain the same number of representatives, without decrease, for one additional year, if it promptly files with the AMA a written plan of intensified AMA membership development activities among its young physician members.

7.532 Qualifications. Each representative to the Business Meeting must be a member of the AMA who meets the requirement for membership in the Young Physicians Section as set forth in Bylaw 7.51. However, a representative 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 representative is elected to the Governing Council, that representative shall be required to resign as a representative to the Business Meeting. The representative’s constituent association, Federal Service, or specialty society may fill the vacancy so created, consistent with the rules and criteria that are developed by the Governing Council.

7.60 International Medical Graduates 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 Cessation of Membership. If an officer or Governing Council member ceases to meet the membership requirements of Bylaw 7.61 prior to the expiration of the term for which elected, the term of such officer or member shall terminate and the position shall be declared vacant.
7.621 Cessation of Residency or Fellowship. If the resident/fellow physician Governing Council member ceases to be a resident/fellow physician prior to the expiration of the term for which elected, the term of such resident/fellow physician member on the Governing Council shall thereupon terminate, and the position shall be declared vacant. If the member completes residency or fellowship 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.

7.63 Elections. Membership on the Governing Council shall be determined through election by members of the IMG Section. Designation of specific offices of the Governing Council members shall be determined through election by members of the IMG Section present at the Section's Business Meeting at which the election is held.

7.631 Election of Governing Council Members. All members of the IMG Section shall be entitled to vote in elections of membership of the Governing Council. Ballot distribution and the voting process shall be conducted pursuant to election procedures adopted by the Governing Council and approved by the Board of Trustees.

7.632 Designation of Specific Offices. All members of the IMG Section present at the Section’s Business Meeting shall be entitled to elect the officers from among those Governing Council members elected by the Section. Only resident/fellow physicians shall be eligible to be elected to the resident/fellow physician member office.

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

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

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

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

8.202 To keep its delegate(s) to the House of Delegates fully informed on the policy positions of the society or association so that the delegates can properly represent the society or association in the House of Delegates.
8.203 To require its delegate(s) to report to the society on the actions taken by the House of Delegates at each meeting.

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

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

8.30 Specialty and Service Society. There shall be a special unit of the AMA designated as the Specialty and Service Society (SSS).

8.301 Purposes

8.3011 To administer the process for granting specialty societies and professional interest medical associations representation in the House of Delegates;

8.3012 To administer the procedure for the periodic review of the qualifications of specialty societies and professional interest medical associations for retention of representation in the House of Delegates;

8.3013 To administer the mechanism for terminating, when appropriate, the representation of a specialty society or a professional interest medical association in the House of Delegates;

8.3014 To maintain positive and mutually supportive working relationships between the AMA and specialty societies and professional interest medical associations and among specialty societies, the Federal Services, and professional interest medical associations; and

8.3015 To provide a forum for specialty societies, professional interest medical associations and the Federal Services to promote their participation in the policies and activities of the AMA.

8.302 Membership. Membership of the SSS shall consist of the following:

8.3021 Delegates and Alternate Delegates from the specialty societies, professional interest medical associations, and Federal Services that are represented in the House of Delegates.

8.3022 One representative and one alternate representative of each specialty society and professional interest medical association that has been accepted for membership in the SSS but is not represented in the House of Delegates. Representatives and alternate representatives must be AMA members.

8.303 Governing Council. There shall be a Governing Council of the SSS to direct the programs and activities of the SSS. The programs and activities
shall be subject to the approval of the Board of Trustees. The Governing Council shall be comprised of members of the SSS.

8.304 Officers. The SSS shall select necessary and appropriate officers.

8.305 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 House of Delegates.

8.3051 Purposes of the Meeting. The purposes of the meeting shall be:

a. To hear such reports as may be appropriate.

b. To consider other business and vote upon such matters as may properly come before the meeting.

c. To hold elections.

8.3052 Rules of Procedure. The meeting shall be conducted pursuant to rules of procedure adopted by the Governing Council and approved by the Board of Trustees.

8.3053 Standing Rules. The members of the SSS shall adopt standing rules for the conduct of the business and activities of the SSS. The standing rules and any amendments to the standing rules shall be subject to the approval of the Board of Trustees.

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

8.41 A specialty society and a professional interest medical association must be a member of the SSS for at least 3 years to be eligible for representation in the House of Delegates.

8.42 Eligible specialty societies or professional interest medical associations seeking representation in the House of Delegates shall submit an application through the AMA to the SSS for consideration. The SSS shall make a recommendation to the House of Delegates through the Board of Trustees as to the specialty society’s or professional interest medical association’s qualifications for representation in the 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 House of Delegates. The recommendation shall be developed pursuant to the procedures set forth in the SSS Standing Rules.

8.421 If the recommendation of the SSS is positive:

8.4211 If the House of Delegates approves the application, the specialty society or the professional interest medical association is granted the right to representation in the House of Delegates.
8.4212 If the House of Delegates rejects the application, the specialty society or the professional interest medical association is not granted representation in the House of Delegates. The specialty society or the professional interest medical association retains its membership in the SSS and may reapply for representation in the House of Delegates pursuant to the provisions of the Standing Rules of the SSS.

8.422 If the recommendation of the SSS is negative:

8.4221 The House of Delegates may accept the application and vote to grant the specialty society or the professional interest medical association representation in the House of Delegates.

8.4222 If the House of Delegates rejects the application the specialty society or the professional interest medical association is not granted representation in the House of Delegates.

8.42221 The SSS must consider and decide whether to continue the membership of the specialty society or the professional interest medical association in the SSS, pursuant to the criteria and the procedures provided in the Standing Rules of the SSS.

8.42222 If it is decided that the specialty society or the professional interest medical association will retain its membership in the SSS, the specialty society or the professional interest medical association may reapply for representation in the House of Delegates pursuant to the procedures provided in the Standing Rules of the SSS.

8.50 Periodic Review Process. Each specialty society and professional interest medical association represented in the House of Delegates must reconfirm its qualifications for representation by demonstrating every 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 Bylaw 8.20. The SSS may determine and recommend that societies currently classified as specialty societies be reclassified as professional interest medical associations. Each specialty society 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 society or the professional interest medical association has discharged the responsibilities required under Bylaw 8.20.

8.51 If a specialty society 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 Board of Trustees. In response to such report, the House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates by
majority vote of delegates present and voting, or may take such other action as it deems appropriate.

8.52 If the SSS report of the review process finds the specialty society 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 Bylaw 8.20, the specialty society or the professional interest medical association will have a grace period of one year to bring itself into compliance.

8.53 Another review of the specialty society’s or the professional interest medical association’s compliance with the current guidelines for representation in the House of Delegates and the responsibilities under Bylaw 8.20 will then be conducted, and the SSS will submit a report to the House of Delegates through the Board of Trustees at the end of the one-year grace period.

8.531 If the specialty society 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 Bylaw 8.20, the specialty society or the professional interest medical association will continue to be represented in the House of Delegates and the current review process is completed.

8.532 If the specialty society 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 Bylaw 8.20, the House may take one of the following actions:

8.5321 The House of Delegates may continue the representation of the specialty society or the professional interest medical association in the House of Delegates, in which case the result will be the same as in Bylaw 8.531.

8.5322 The House of Delegates may terminate the representation of the specialty society or the professional interest medical association in the House of Delegates. The specialty society 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 society or the professional interest medical association may apply for reinstatement in the 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.

8.54 Notwithstanding the foregoing requirements, the representation in the House of Delegates of a specialty society or professional interest medical association that is not in compliance with the guideline specifying the minimum percentage of membership or minimum number of AMA members shall continue through December 31, 2007, and the provisions for a grace period set forth in Bylaw 8.52 shall become effective on January 1, 2008.
8.60 Discontinuance of Representation. A specialty society or a professional interest medical association that has been granted representation in the House of Delegates will automatically have its representation terminated if it is not represented by a properly certified and seated delegate at 3 of 5 consecutive meetings of the House of Delegates. The specialty society 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 House of Delegates after 3 additional years as a member of the SSS, under all of the provisions for a new application.

8.70 Report by the Board of Trustees. The Board of Trustees shall report to the House of Delegates on matters relating to specialty society and professional interest medical association representation in the House of Delegates and the status of the relationship of national medical specialty societies 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 Purpose.

9.11 Specialty Section Councils shall be established by the House of Delegates. 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 societies representing these disciplines within the AMA.

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

9.20 Composition.

9.21 National medical specialty societies represented in the House of Delegates may appoint representatives to the Specialty Section Councils for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

9.22 Upon recommendation of the Specialty Section Council and approval of the Board of Trustees, national medical specialty societies that are not represented in the House of Delegates may appoint representatives to the Specialty Section Council for the medical specialty in which the specialty society participates. Such representatives must be members of the AMA.

9.30 Specialty Society Delegate. The AMA delegate(s) and alternate delegate(s) from each national medical specialty society represented in the House of Delegates shall also serve in the Specialty Section Council of their respective specialty.
9.40 Chair and Vice Chair. Each Specialty Section Council shall elect a Chair and Vice Chair from within its membership.

10.00—Awards and Honors

10.10 Distinguished Service Award.

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

10.12 Eligibility. This award may be made to a member of the AMA for meritorious services in the science and art of medicine.

10.13 Nominations and Selection. Names of prospective nominees, with a brief statement of their qualifications for the award, shall be submitted to the Board of Trustees by the date designated by the Board of Trustees. The Board of Trustees shall select the recipient from the nominees submitted.

10.14 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.

10.15 Presentation. The award shall be presented to the recipient selected by the Board of Trustees at a time and place designated by the Board of Trustees.

10.20 Citation for Distinguished Service.

10.21 Citation. This citation shall consist of a suitable certificate of citation selected and approved by the Board of Trustees.

10.22 Eligibility. This citation shall be made to a person who is not a physician and who has contributed to the achievement of the ideals of American medicine by aid and cooperation in advancing medical science, medical education, or medical care.

10.23 Nominations and Selection. Names of prospective nominees, with a brief statement of their qualifications for the citation, shall be submitted to the Board of Trustees by the date designated by the Board of Trustees. The Board of Trustees shall select the recipient from the nominees submitted.

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

10.25 Presentation. The citation shall be presented to the recipient selected by the Board of Trustees at a time and place designated by the Board of Trustees.

10.30 Other Awards and Honors. Any other awards and honors conferred by the AMA shall be as authorized and approved by the Board of Trustees.
11.00—Miscellaneous

11.10 Parliamentary Procedure. In the absence of any provisions to the contrary in the Constitution and these Bylaws, all general meetings of the AMA 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.

11.20 Official Statements. Memorials, resolutions, or opinions of any character whatever that conflict with the policies of the House of Delegates shall not be issued in the name of the AMA, except as otherwise provided by the House of Delegates.

11.30 Papers and Reports. All papers and reports prepared by the AMA or of any of its councils or committees, shall become the exclusive property of the AMA.

12.00—Amendments

12.10 Bylaws. These Bylaws may be amended by a two-thirds vote of delegates present and voting, provided an amendment shall not be acted on sooner than the day following that on which it was introduced.

12.20 Principles of Medical Ethics. The Principles of Medical Ethics of the AMA may be amended at any meeting by a two-thirds vote of delegates present and voting, provided that the proposed amendment shall have been introduced at the preceding meeting.

12.30 Articles of Incorporation. The Articles of Incorporation of the AMA 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 5 days, but not more than 60 days, prior to the meeting of the House of Delegates at which the amendment is to be considered.

13.00—Emergency Bylaws

13.10 Emergency Condition - House of Delegates. The following Bylaws shall become operative upon any emergency resulting from an attack on the United States or on a locality in which the AMA conducts its business or holds its meetings, or upon any disaster, catastrophe, or other similar emergency condition, as a result of which the quorum necessary for a House of Delegates meeting cannot readily be convened.

13.11 Meetings. Regular meetings of the House of Delegates may be suspended by the Board of Trustees during an emergency condition.

13.12 Quorum. If a meeting is not suspended, a majority of the delegates present at the commencement of the meeting shall constitute a quorum for the meeting.
13.13 Elections. Any elections to be held at a meeting during an emergency condition shall be suspended.

13.131 Office of the President. The President, President-Elect, and Immediate Past President in office immediately prior to the commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.

13.1311 Vacancy. If the office of President becomes vacant during the emergency condition, the President-Elect shall immediately become President and serve the remainder of the unexpired term and then assume office in accordance with Bylaw 3.51. If both the Office of the President and the Office of the President-Elect become vacant during the emergency condition, the Speaker shall immediately become President and serve until the first meeting of the House of Delegates following the end of the emergency condition.

13.132 Continuation in Office. All other officers and elected council members in office immediately prior to commencement of the emergency condition shall remain in their respective offices until the first meeting of the House of Delegates following the end of the emergency condition.

13.133 Extension of Tenure. Limitations on tenure of officers and council members shall not apply during an emergency condition.

13.20 Emergency Condition - Board of Trustees. The following Bylaws shall become operative upon any emergency resulting from an attack on the United States or on a locality in which the AMA conducts its business or holds its meetings, or upon any disaster, catastrophe or other similar emergency condition, as a result of which the regular quorum of 11 Trustees necessary for a meeting cannot readily be convened.

13.21 Minimum Number of Trustees. The Board of Trustees shall be composed of a minimum of 5 Trustees during an emergency condition.

13.22 Designation of Emergency Trustees. If there are fewer than 5 duly elected Trustees, the Chairs of the Council on Constitution and Bylaws, Council on Medical Education, Council on Medical Service and Council on Science and Public Health shall be added as Emergency Trustees. If there are fewer than 5 Trustees following such designation of Emergency Trustees, the Trustees shall appoint sufficient Emergency Trustees to comprise the minimum of 5.

13.23 Duties and Privileges. Emergency Trustees shall have all duties and privileges of Trustees, and shall serve as Trustees until the first meeting of the House of Delegates following the end of the emergency condition or until a minimum of 5 duly elected Trustees are available, whichever comes first.

13.24 Authority. The primary duty of the Board of Trustees during an emergency condition shall be the continuation and management of the AMA. The Board of
Trustees may adopt such other emergency bylaws as may be necessary for such continuation and management.

13.25 Meetings. A meeting of the Board of Trustees may be called by any Trustee. Notice of any meeting shall be given to such Trustees as may be feasible to reach at the time and by such means as may be feasible at the time.

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

13.27 Effect of Action. Action taken in accordance with these emergency Bylaws shall bind the AMA. No Trustee acting in accordance with these emergency Bylaws shall be liable for such action, except for willful misconduct.

13.30 Duration. To the extent not inconsistent with any emergency Bylaw, the Bylaws of the AMA shall remain in effect during the emergency condition. Upon the end of the emergency condition, as determined by the Board of Trustees, the emergency Bylaws shall cease to be operative.
Glossary of Terms

The terms in this Glossary were chosen after consideration and consultation by the Council on Constitution and Bylaws, members of the House of Delegates, and AMA staff. The terms herein represent those terms that convey meanings or contain definitions for which further explanation will help readers’ understanding of the Constitution and Bylaws. Some terms are meant to convey a specific definition while others are meant to provide a more rich understanding of a particular group. All effort has been made to follow AMA Policy, although it should be noted that this Glossary is not AMA policy. In all cases, questions regarding the definition or explanation of a term relating to its use in the Constitution and Bylaws should be directed to the Council on Constitution and Bylaws.

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.

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

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.

Educational program describes a Liaison Committee on Medical Education (LCME) or American Osteopathic Association (AOA) accredited program in which medical students are enrolled.

Federal Services describes 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.

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.

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.

National Medical Specialty Society (NMSS) - A society with a majority of members who are physicians and that represents a field of medicine that has recognized scientific focus. Physician membership should be voluntary and not required as a requisite for board certification. The society should have members from a majority of the states and not restrict its membership geographically or be in conflict with the AMA Constitution and Bylaws. In the Bylaws, the shorter term “specialty society” is often used to refer to national medical specialty societies. The two terms are interchangeable for purposes of the AMA Bylaws.

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 Association (PIMA) - An organization 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 society. 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.

Resident - The term “resident” as applied to qualifications for membership in the Resident and Fellow Section, and eligibility for our AMA Resident dues rate, shall include only: (1) members serving in residencies approved by the ACGME or AOA; (2) members serving in fellowships approved by the ACGME or AOA; (3) members serving fellowships in subspecialty training when such program is affiliated with and under the supervision of an approved residency training program; (4) members serving fellowships in structured clinical training programs for periods of at least one year, to broaden competency in a specialized field; (5) members serving, as their primary occupation, in a structured educational program to broaden competency in a specialized field, provided it is begun upon completion of medical school, residency, or fellowship training; and (6) members serving as active military and public health service residents who are required to provide service after their internship as general medical officers, including dive medical officers, or flight surgeons before their return to complete a residency program and are within the first five years of service after internship.

Resident and Fellow Section - the entity whose purpose is to provide a dedicated forum within the AMA to address resident and fellow professional issues; increase the participation of residents and fellows in the AMA; advise the AMA on resident and fellow policies and programs; and strengthen the AMA’s ability to represent residents and fellows. The Resident and Fellow Section reports to the House of Delegates.

Section Council - Specialty Section Councils have been recognized by the House of Delegates for the following specialties: Allergy; Anesthesiology; Cardiovascular Disease; Clinical Pharmacology and Therapeutics; Dermatology; Digestive Diseases; Disease of the Chest; Emergency Medicine; Endocrinology; Family and General Practice; Federal and Military Medicine; General Surgery; Genetics; Internal Medicine; Neurological Surgery; Neurology; Nuclear Medicine; Obstetrics and Gynecology; Ophthalmology; Orthopedic Surgery; Otolaryngology-Head and Neck Surgery; Pain and Palliative Medicine; Pathology; Pediatrics; Physical Medicine and Rehabilitation; Plastic, Reconstructive and Maxillofacial Surgery; Preventive Medicine; Psychiatry; Radiology; and Urology.
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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Form 8453-EO
Exempt Organization Declaration and Signature for Electronic Filing

For tax year beginning _________, 2007, and ending _________, 2007

Department of the Treasury
Internal Revenue Service

Name of exempt organization
American Medical Association

Employer Identification number
36-0727175

Part I - Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, line 12) ........................................... 1b ...........................................
2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 9) ........................................... 2b ...........................................
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) ........................................... 3b ...........................................
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) .................. 4b ...........................................
5a Form 8868 check here □ b Balance due (Form 8868, line 3c) ........................................... 5b ...........................................

Part II - Declaration of Officer

6 □ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-953-4837 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

□ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization’s 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization’s electronic return. I consent to allow my Intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization’s return to the IRS and to receive from the IRS a(n) acknowledgement of receipt or reason for rejection of the transmission, an indication of any refund offset, the reason for any delay in processing the return or refund, and the date of any refund.

Signature of officer

Date

Sign Here

CBO/EVP

Title

Part III - Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization’s return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization’s return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO’s Signature

Date

Check if paid preparer □

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