

American Association of Physicians of Indian Origin

Attestation Questions and Nomination Papers 2010

Name of the Candidate _____

Contesting for the position of _____

Please answer all of the following questions **“Yes” or “No.”** If your answer to questions 1 through 4 is **“Yes,”** please provide full details on a separate sheet.

1. Has your license to practice medicine in any jurisdiction in the United States, your Drug Enforcement Agency Administration (DEA) registration or any applicable narcotic registration in any jurisdiction in the United States ever been denied, limited, restricted, suspended, revoked, not renewed, or subject to probationary conditions, **Or** have you voluntarily or involuntarily relinquished any such license or registration or voluntarily or involuntarily accepted any such actions or conditions, or have you been fined or received a letter of reprimand or is such action pending for any reason and under any or all circumstances?

() **Yes** () **No**

2. Have you ever surrendered, voluntarily withdrawn, or been requested or compelled to relinquish your status as a student in good standing with any internship, residency, fellowship, preceptorship, or other clinical education program for any reason and under any or all circumstances?

() **Yes** () **No**

3. Has your membership or fellowship in any local, county, state, regional, national, or International professional organization ever been revoked, denied, reduced, limited, subjected to probationary conditions, or not renewed, or is any such action pending for any reason and under any or all circumstances?

() **Yes** () **No**

4. Have you ever been convicted of any crime (other than a minor traffic violation) for any reason and under all or any circumstances?

() **Yes** () **No**

I hereby affirm that the information submitted in this Section of Attestation Questions, and any Addenda thereto is true, correct, and complete to the best of my knowledge and belief and is furnished in good faith. I understand that material omissions or misrepresentations will result in denial of my candidacy during the elections and my holding office if elected.

CANDIDATE’S SIGNATURE:

(Stamp Signature Is Not Acceptable)

Date:

This form duly completed and signed must be received by 4:00 p.m. on February 1st, 2010. It can also be faxed to the AAPI office. We thank you for your prompt attention.

American Association of Physicians of Indian Origin

Nomination Papers 2010

Authorization and Consent for Verification and Release of Information

I hereby authorize AAPI, and the designated committees including but not limited to the members of the Nominations and Executive Committee members of AAPI, to ascertain, verify the information, to inspect records and documents needed to evaluate the answers provided by me in response to the attestations questions. I waive any and all liability claims against AAPI, for so doing, as long as such release is done in good faith and without malice. This statement may be used as my consent for the above purposes.

I further state that if I am elected to the position of during the years 2010 –2011, I will serve that position and will abide by the Bylaws of AAPI at all times.

PRINT NAME HERE:

.....

CANDIDATE'S SIGNATURE:

.....

(Stamp Signature Is Not Acceptable)

Date:

This form duly completed and signed must be received by 4:00 p.m. on February 1st, 2010. It can also be faxed to the AAPI office. We thank you for your prompt attention.

American Association of Physicians of Indian Origin

Election Year 2010 Statement of Acceptance

1. According to the bylaws the counting of ballots is to be accomplished by April 7th. And to hold recount on the 30th of April. However to avoid hardship for the candidates, or their representatives, for the election officer and associates to travel on a working day to be present during the counting, it is proposed to change the recount date **April 30, 2010 to April 24, 2010**. All candidates must sign an acceptance form indicating this change. If any candidate is unwilling to make this change, should notify the election officer and the recount will be held on **Saturday, April 24, 2010** at the office of the selected agency.
2. Candidates need to sign acceptance of the voters list and mail it to the AAPI Executive Office: 600 Enterprise Drive, Ste. 108, Oakbrook, IL 60523 no later than **February 22, 2010**. The same can be faxed to the AAPI office (fax no. 630-990-2281).
3. All matters pertaining to the election shall be addressed to the Election Officer and the correspondence to be sent to the AAPI Executive Office. The election officer will inform the President of AAPI results of the election. The President in turn will inform the candidates.
4. The candidates are requested to limit communication with members to one mailing and one e-mail.
5. The candidates will provide a picture and their personal statement in no more than 250 words to be sent along with the ballot to the members. Those candidates who are uncontested are requested to submit only pictures and no statement. **(Electronic or by e-mail submission is preferable)**
6. The candidate(s) requesting a recount will be expected to pay for the charges incurred.
7. Members, who did not receive a ballot due to change of address, are expected to contact the Election officer. The Election officer after verification will advise the AAPI office to send a new ballot.

Name: _____

Position contested: _____

I have reviewed the contents and will abide by them Yes _____

Signed: _____ Date: _____

(Stamp Signature Is Not Acceptable)

This form duly completed and signed must be received by 4:00 p.m. on February 1st, 2010. It can also be faxed to the AAPI office. We thank you for your prompt attention.

Addressed to

Election Officer

Attn. Staff person: Vijaya Kodali

AAPI Executive Office:

600 Enterprise Drive, Ste. 108

Oakbrook, IL 60523

Off: (630) 990-2277

Fax: (630) 990-2281

CANDIDATE’S AGREEMENT FOR ARBITRATION OF ELECTION DISPUTES

- Any candidate who challenges a final election result irrevocably waives any and all rights in federal and state court and instead agrees to limit his or her remedy to binding arbitration before one or three mediators approved by the DuPage County Certified Court-Appointed Mediators.
- The challenger agrees to pay all expenses of the mediation, including the mediator fees and AAPI fees and expenses.
- The candidate must initiate mediation by making a formal written request with AAPI headquarters by May 15th or 15 days after the results are certified following a recount, and the mediation process should be completed by June 30th. **(This document was approved by the Governing Body, however, AAPI Convention 2010 will be held June 23 to 27, 2010 and therefore, these dates may have to be revised.)**
- The mediator(s) shall be chosen from the approved list by mutual agreement of the challenger and AAPI;
- If agreement cannot be reached, then the challenger shall pick one mediator, the AAPI president shall pick one mediator, and the AAPI past president shall pick one mediator.
- This provision shall not be circumvented by a non-candidate filing suit to challenge an election. If such a lawsuit is filed by a non-candidate or even by the candidate, then the losing candidates in the contested election hereby agree to immediately submit and be bound by the foregoing mediation, or else irrevocably forfeit their candidacies and be declared withdrawn based on conduct.
- There shall be no appeal from the mediators’ final decision, and in no event shall the mediators award any damages to a challenger in connection with an election.

AGREED BY: _____
(PRINT NAME)

Signed: _____ Date: _____
(Stamp Signature Is Not Acceptable)

This form duly completed and signed must be received by 4:00 p.m. on February 1st, 2010. It can also be faxed to the AAPI office. We thank you for your prompt attention.

Voter List Acceptance Document

Every attempt has been made to ensure the accuracy of this list. Candidates are encouraged to call the Election officer with all their questions and concerns. Candidates are requested to refrain from making any changes to the list and should contact the head office with any changes. This form must be received at the head office by the deadline before the candidates name will be placed on the ballot.

Name: _____

Position contested: _____

I have reviewed the voter list provided to me. I accept the list _____ (*Initial*)

I have the following questions about the list?

Signed: _____ Date: _____
(Stamp Signature Is Not Acceptable)

This form duly completed and signed must be received by 4:00 p.m. on February 22nd, 2010. It can also be faxed to the AAPI office. We thank you for your prompt attention.

Addressed to

Attn: Election officer

Staff person: Vijaya Kodali

AAPI Executive Office:

600 Enterprise Drive, Ste. 108

Oakbrook, IL 60523

Off: (630) 990-2277

Fax: (630) 990-2281

Personal Statement

- Electronic transmission (by e-mail) is preferable.
- Must receive in the AAPI office by **4:00 p.m. Feb 16, 2010.**
- No more than 250 words. Document submitted with more than 250 words, it will be cut off at the 251st word.
- Please e-mail a recent picture along with your personal statement
- The document should contain
 - Why do you wish to run for this position?
 - Your vision and goals for AAPI
 - Your service with AAPI
 - Your involvement in organized medicine
 - Your significant contribution to the community.
 - Awards or special recognition.
- Please do not attach your CV or BIO with the personal statement
- Please note the candidates who are uncontested need only to submit their picture.