***Please note:*** *Individuals representing a corporate entity require approval and role assignment (primary, alternate, non-voting liaison) from their main AAMI corporate representative prior to confirmation on any committee. If you do not know who your primary corporate representative is, please email AAMI at:* *standards@aami.org**.*

 **Contact Information**

|  |  |
| --- | --- |
| **Name:**  |       |
| **Title:** |       |
| **Employer\*:** |       |
| **Company/organization you’re representing on Committee(s) *(if not your employer):*** |       |
| **Address 1:** |       |
| **Address 2:** |       |
| **City:** |       | **State:** |       | **Zip:** |       | **Country:** |       |
| **Business telephone:** |       |
| **E-mail:** |       |

*\*A single individual participating in AAMI consensus standards development may only represent a single entity.*
 **Interest Category** (*as defined in Section 4.5 of the* [*AAMI Policies and Procedures*](https://www.aami.org/docs/default-source/standardslibrary/2019-aami-standards-program-policies-and-procedures_mc.pdf?sfvrsn=739939bb_2))
Please indicate below the interest category that you will represent\*:

[ ]  **User** (*includes clinicians, employees or representatives of Healthcare Delivery Organizations etc. with a material interest in the scope of the document(s) covered within the purview of the Committee(s))*

[ ]  **Industry/producer** (*individuals working for commercial production, promotion, sale, use, or distribution of materials, products, systems, or services*)

[ ]  **Government/regulatory** (*individuals involved in the regulation of the materials, products, systems, or services*)

[ ]  **General interest** (*individuals who do not fit into any of the preceding categories, including noncommercial academicians, noncommercial researchers, patient advocates*)

[ ]  **Other interest**

*\*AAMI reserves the right to change the declared interest category if determined to be warranted.*

**AAMI Membership Status**Please indicate below your membership status:

[ ]  **Individual Member**. I am an individual member of AAMI.

[ ]  **Institutional Member.** My institution is an institutional member of AAMI.

[ ]  **Corporate Member.** My company is a corporate member of AAMI.

[ ]  **Committee Fee Payer.** My company pays a Committee Participation Fee.

[ ]  **Not a Member.** I/my institution/corporation is not a current AAMI member (*click* [*here*](https://www.aami.org/membership) *to learn more about the benefits of joining AAMI*)

***Please note:*** *AAMI’s policy states that those working for commercial entities or consulting firms must pay a fee to participate on AAMI Standards Committees. This fee is waived for those who represent AAMI corporate members. There is not a fee for individuals that do not work for a company or consulting firm who wish to participate on standards committees. Please contact* *membership@aami.org* *to learn about your available options.*

**Curriculum Vitae (CV) or Resume**

Please include with your application a current copy of your curriculum vitae (CV) or resume.

**Committee(s)/Working Group(s)/TAG(s) of Interest**

Please indicate below which Committee, Working Group or TAG you are interested in (for a complete list of committees and working groups, click [here](https://www.aami.org/standards/view-full-committee-list)). ***Please select just one committee role.\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Committee(s), Working Group(s) or TAG(s)** | **Primary Voter\*** | **Alternate Voter\*** | **Liaison/Non-Voting** |
|  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  |
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|  | **[ ]**  | **[ ]**  | **[ ]**  |
|  | **[ ]**  | **[ ]**  | **[ ]**  |

**\**Please note:*** *voting roles are limited and if the committee already has a primary and an alternate, you will be added in a non-voting capacity and notified accordingly.*

**Personal Statement**

Please briefly describe what you hope to learn from working on the above AAMI group(s) and what contribution you hope to make to the process. ***Please note:*** *this application will be returned if this section is not filled out.*

**Agreement and Certification**

Please click on the links below to read each policy and statement and acknowledge (by initialing***\**** each box), that you have read, understand and agree to abide by each, for all standards committees in which you participate currently and in the future:

 I agree to abide by the [AAMI Standards Program Policies and Procedures](https://www.aami.org/docs/default-source/standardslibrary/2019-aami-standards-program-policies-and-procedures_mc.pdf?sfvrsn=739939bb_2)

 I agree to abide by the [AAMI Anti-trust Policy](http://s3.amazonaws.com/rdcms-aami/files/production/public/FileDownloads/Standards/AAMIAntitrust.pdf)

 I agree to abide by the [AAMI Conflict of Interest Policy](http://s3.amazonaws.com/rdcms-aami/files/production/public/FileDownloads/Standards/AAMI_Conflict_of_Interest.pdf)

 I agree to abide by the [AAMI Patent Policy](http://s3.amazonaws.com/rdcms-aami/files/production/public/FileDownloads/Standards/AAMI_ANSI_Patent_Policy.pdf)

 I agree to abide by the [AAMI Committee Code of Conduct](http://s3.amazonaws.com/rdcms-aami/files/production/public/FileDownloads/Standards/AAMI_Code_of_Conduct.pdf)

 I agree to abide by the [AAMI Guidance on Standards Use](https://www.aami.org/docs/default-source/uploadedfiles/filedownloads/aami/aamiguidancestandardsuse.pdf)

 I agree to notify AAMI of any change in my status, including change in employment, organization represented, or funding source.

 I agree that any and all text and other works of authorship I submit to the an AAMI for possible inclusion in whole or in part in a standard, technical report or other publication, shall belong to AAMI, and shall be deemed “works made for hire” for AAMI as defined in the U.S. Copyright Act, and that AAMI or its assignees shall be the author and owner thereof. To the extent that any of my Contributions are deemed other than works made for hire for AAMI, I hereby assign to AAMI my copyright interest therein, if any.

By signing my name below, I certify that I have read the above information and that all of the information on this application is true and accurate.

***\****Signature:       Date:

***\*If initialing and signing this form electronically, you understand and intend that you are creating an electronic signature that will have the same legal force and effect as a handwritten signature.***

**Please return completed form to:** **standards@aami.org**