



**ILLINOIS STATE MEDICAL SOCIETY
MEDICAL STUDENT SECTION
MEDICAL STUDENT REPRESENTATIVE ON ISMS COUNCILS**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ E-Mail: _____

Medical School: _____

Expected Year of Completion: _____

A statement of interest, CV and photo (to be used on the ISMS website) must accompany this application. The statement of interest and CV may not exceed two pages, individually, (typed or printed) and may include, but is not limited to the following:

1. An understanding of the position's responsibilities,
2. Relevant personal experience which would enhance the position, and,
3. A current curriculum vitae.

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ISMS Council Choices: (please list in order of preference)

1. _____
2. _____
3. _____

If you are not appointed as a regular member of an ISMS council, please indicate if we may call upon you during the coming year for other participation opportunities as they occur. **YES** _____ **NO** _____

To be considered, applicants must be actively enrolled in an Illinois accredited medical school (currently and during term of position which is June 2019 thru June 2020), be a member in good standing of the ISMS, and sign below.

I HAVE READ THE ABOVE AND HEREBY STATE THAT I AM IN COMPLIANCE WITH THE ABOVE REQUIREMENTS. FURTHERMORE, ALL SUBMITTED MATERIALS ARE TRUE AND ACCURATE.

Applicant Name (signature) **Date**

**Application materials must be submitted by 4:00pm on
Friday, May 24, 2019.**

Materials should be sent to:

Illinois State Medical Society
Medical Student Section
Attn: Lindsey Josephs
20 N. Michigan Avenue, Suite 700
Chicago, Illinois 60602

**To expedite the process, you may send materials electronically
to lindseyjosephs@isms.org or fax to attn: L. Josephs at 312.782.2023.**