



**ILLINOIS STATE MEDICAL SOCIETY  
RESIDENT & FELLOW SECTION  
ISMS RESIDENT AND FELLOW REPRESENTATIVES ON ISMS  
COUNCILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Residency/Fellowship Program: \_\_\_\_\_

Expected Year of Completion: \_\_\_\_\_

**A statement of interest, photo (to be used on the ISMS website) and CV 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 residency or fellowship program (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  
Resident & Fellow 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](mailto:lindseyjosephs@isms.org) or fax to attn: L. Josephs at 312.782.2023.**