



TEXAS ACADEMY OF FAMILY PHYSICIANS

# Family Medicine Leadership Experience Application

Please complete the application in its entirety, do not simply refer to your CV. Reviewers will only consider applications with every field addressed.

|          |                 |
|----------|-----------------|
| Name:    | Degree:         |
| Address: | City/State/ZIP: |
| Phone:   | Email:          |

Please list up to four county, specialty, and/or TAFP activities (e.g., committee member, section member), or leadership positions (e.g., committee chair, AAFP delegate, TAFP officer) in which you currently participate or have previously participated.

| Activity/Leadership Position | Start Date | End Date |
|------------------------------|------------|----------|
|                              |            |          |
|                              |            |          |
|                              |            |          |
|                              |            |          |

Please list up to four medical-related leadership positions you currently hold or have previously held.

| Leadership Position | City/State | Start Date | End Date |
|---------------------|------------|------------|----------|
|                     |            |            |          |
|                     |            |            |          |
|                     |            |            |          |
|                     |            |            |          |

Please list up to four other organizations of which you currently are or have previously been a member.

| Organization | City/State | Start Date | End Date |
|--------------|------------|------------|----------|
|              |            |            |          |
|              |            |            |          |
|              |            |            |          |
|              |            |            |          |

**Why are you interested in TAFP's FMLE and why should you be chosen as a participant?**

**Applications are due Saturday, December 15, 2018.**

In addition to your completed application please submit a copy of your CV. Submit your application by mail, email, or fax.

Mail: Texas Academy of Family Physicians  
12012 Technology Blvd. Suite 200  
Austin, TX 78727

Email: [kmccarthy@tafp.org](mailto:kmccarthy@tafp.org)

Fax: (512) 329-8237

If selected, I agree to participate in all required educational and networking sessions of TAFP's Family Medicine Leadership Experience as specified in the program outline. I agree that TAFP can use my photograph and name to promote future leadership programs.

**Signature of Nominee:** \_\_\_\_\_

**Date:** \_\_\_\_\_