



MASSACHUSETTS MEDICAL SOCIETY

Every physician matters, each patient counts.

RESIDENT AND FELLOW APPLICATION FOR COMMITTEES OF THE MASSACHUSETTS MEDICAL SOCIETY (2025-2026)

Name:

Mailing Address:

City, State, ZIP:

E-mail:

Phone:

2025-2026 Training Program:

Year of Completion:

If you are currently serving on an MMS committee, please indicate:

Please list your committee choices in order of preference:

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)

Please attach a brief statement of interest indicating why you are interested/qualified for your first and second choices above.

Although most committees meet in the evening, some may meet during the daytime or late afternoon. Are you flexible/willing to adjust your schedule to attend daytime or late afternoon meetings?

Yes No

Every effort will be made to appoint you to a committee of your choice. However, if this is not possible, are you willing to serve on another committee?

Yes No

REQUIRED: Please attach a current resume or curriculum vitae along with your statement of interest.

If you have indicated the Committee on Ethics, Grievances, and Professional Standards as one of your committee choices, please attach a letter from the program director of your training program.

Diversity and Demographics

In order to attract the most diverse pool of candidates possible, we request the following self-reported diversity statement and optional demographic information. This information may be used in the internal deliberation of candidates and may be reported in aggregate form only. The MMS does not discriminate on the basis of race, gender, sex, sexual orientation, ethnicity, disability, national origin, religion, or the like, and will not tolerate behavior that amounts to such discrimination.

Candidate's Diversity Statement. Please describe how you will bring diversity to the position for which you are applying.

Demographics The following questions are optional:

Race/Ethnicity

Which of the following best describes you?
(select all that apply)

- Asian
- Middle East/North African
- Black or African American
- Hispanic, Latino, or of Spanish Origin
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Unknown
- White
- Another:

- Prefer not to say

Gender Identity

What is your gender?

- Man
- Woman
- Non Binary/Non-Conforming
- Agender
- Genderqueer
- Prefer to self-describe:

- Prefer not to say

Do you identify as transgender?

- Yes
- No
- Prefer not to say

Sexual Orientation

Which of the following best describes how you think of yourself?

- Straight/Heterosexual
- Gay or Lesbian
- Bisexual
- Queer
- Prefer to self-describe:

- Prefer not to say

Disability

Would you describe yourself as having a disability?

- Yes
- No

Explain if desired:

Please return completed form by February 18, 2025 to chennessy@mms.org

~ COMMITTEE APPOINTMENTS WILL BE ANNOUNCED IN MAY 2025 ~