

Periodically, MAFP receives requests seeking representatives for statewide coalitions and task force/committees. The information below will aid MAFP in developing a list for future use.

Please indicate your special interest, background, and/or expertise for additional volunteer opportunities.

Would you be willing to testify on legislation relating to your special interests? Yes No

Please describe your current professional position or practice circumstance. Check all that apply and provide any additional information that you feel would be helpful for MAFP to know.

solo practice
 small family medicine group practice (# in group): _____
 multi-specialty group
 currently in training
 administrative (describe)
 employee of health care system (name):
 other (describe):

academic
 urban
 inner city
 rural

Any Additional training?

Check all that apply:

Currently licensed to practice in Missouri
 ABFM Board certified (date of last certification _____)
 AOA Board certified (date of last certification _____)

Please list any other AAFP or Chapter Offices you have held or Commissions you have served on:

Please list any other Medical Society affiliations / Professional activities:

Thanks again for your interest.
Please email the completed form to the MAFP at
722 West High Street Jefferson City, MO 65101-1526
or fax to 573-635-0148