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**Resident Assembly Delegate Selection**

For your information, below are excerpts from Article II, Sections 2b and Sections 4-5 of the AAOS Resident Assembly Rules and Procedures. This will aid in your selection of your program’s delegate.

A Resident Delegate is a member appointed by his or her orthopaedic residency program at the discretion of its Program Director to represent that program and fellow residents at the Resident Assembly Annual Meeting. Each orthopaedic residency program will have one vote on any given issue, cast by its Resident Delegate. Should the Resident Delegate be unable to attend a meeting a substitute may be appointed by the orthopaedic residency Program Director. Notifications of substitutions shall be submitted no less than 14 days prior to the meeting.

The individual orthopaedic residency program is responsible for funding the attendance of its Resident Delegate to the Resident Assembly Annual Meeting and confirming the Resident Delegate’s understanding of responsibilities.

**Selection of Resident Delegates**

Each orthopaedic residency program may identify one member to represent the respective program as its Resident Delegate. The selection of the Resident Delegate will be determined on a program-by-program basis, but must occur prior to the annual meeting.

Each orthopaedic residency program shall establish its own procedures to select the Resident Delegate; however, it is recommended that selection should involve other trainees. The orthopaedic residency program director is responsible for notifying the AAOS of its chosen delegate.

The Resident Delegate and his or her respective orthopaedic residency program are responsible for funding the Resident Delegate’s travel to the Resident Assembly Annual Meeting.

If a Resident Delegate becomes an Officer of the Resident Assembly, that individual shall be deemed to have resigned from his or her Resident Delegate position and his or her respective orthopaedic residency program shall appoint a new Resident Delegate to attend and participate in the Resident Assembly Annual Meeting. If a program is unable to fund the travel of a second resident, the new officer can serve the dual role as a Resident Delegate.

**Responsibilities of the Resident Delegate**

The Resident Delegate shall:

* Attend the Resident Assembly Annual Meeting at the AAOS Annual Meeting as the voting representative for his or her orthopaedic residency program;
* Encourage fellow residents to get involved in the AAOS;
* Identify one Resident Assembly Committee in which to participate during the duration of their term;
* Reply to Resident Assembly communication requests which require votes or input on various issues and advisory opinions;
* Communicate about the Resident Assembly Annual Meeting as well as any additional conferences or meetings held throughout the year to their respective orthopaedic residency program;
* Receive and distribute correspondence from the Resident Assembly and AAOS to residents in their orthopaedic residency programs;
* Encourage other orthopaedic residents to complete any AAOS survey;
* Be knowledgeable about this document and comply with all Resident Assembly Rules and Procedures.
* Submit Advisory Opinions and debate Advisory Opinions.
* Advise their Resident Assembly committee of any issues or concerns of their respective orthopaedic residency program.

**Verification of Responsibility**

The officers of the Resident Assembly, with the assistance of AAOS Staff, will verify that each Resident Delegate has honored these responsibilities by obtaining a signed confirmation from the orthopaedic residency program director. This confirmation will allow the orthopaedic residency program to continue to have a Resident Delegation with full voting privileges at the next AAOS Resident Assembly Annual Meeting.

**Term**

Delegates shall serve for a minimum of one year and term must end when residency ends. Exact terms shall be defined by respective residency programs.

**Commitment**

Delegates should expect to commit approximately 20 hours each year to the Resident Assembly.

* AAOS Resident Assembly Annual Meeting at the AAOS Annual Meeting
* Resident Assembly Committee Meeting at the AAOS Annual Meeting
* Approximately 4 conference calls per year
* Approximately 2 webinars per year
* Preparation and review time prior to conference calls and the Annual Meeting
* Completion of surveys or focus groups
* Correspondence to fellow residents on AAOS and Resident Assembly issues

**Resident Assembly Delegate Nomination Form**

As noted in the AAOS Resident Assembly Policies and Procedures, each approved orthopaedic residency program is entitled to representation within the AAOS Resident Assembly by a Resident Delegate selected from its respective program.

Below, please enter the name of the Resident Delegate who will represent your program.

*Please include a headshot of the delegate with your submission.*

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| --- | --- | --- | --- |
| Name of Resident Delegate |  | PGY  Year |  |
| Residency Program Director |  | | |
| Residency Program |  | | |

*I have read the AAOS Resident Assembly Policies and Procedures Article II Sections 4-7 and the Resident Delegate Job Description and understand the responsibilities and commitment of the Resident Delegate.*

I am replacing our current program’s delegate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Residency Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Resident Delegate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I have disclosed at [www.aaos.org/disclosure](http://www.aaos.org/disclosure)