MAPS: 101

What you should know

Minority Association of Premedical Students

Student National Medical Association

Adapted for 2010 AMEC presentation by
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Updated April 2010 by JCF (2010-2011 PMBM)

MAPS vs. PMED Protocol

- ***Minority Association of Premedical Students*** – Undergraduate and post-bac student-run chapters that extend the mission of SNMA to the premedical arena. MAPS chapters are to be affiliated with a SNMA chapter who will carry out the PMED protocol.

- ***Pre-medical Minority Enrichment & Development*** – SNMA chapter initiative that provides outreach to premedical students through mentoring, academic programs, etc.

  "what med school chapters do for undergrads"

MAPS is a key part of the SNMA mission…

"…increasing the number of African-American, Latino, and other students of color entering and completing medical school."

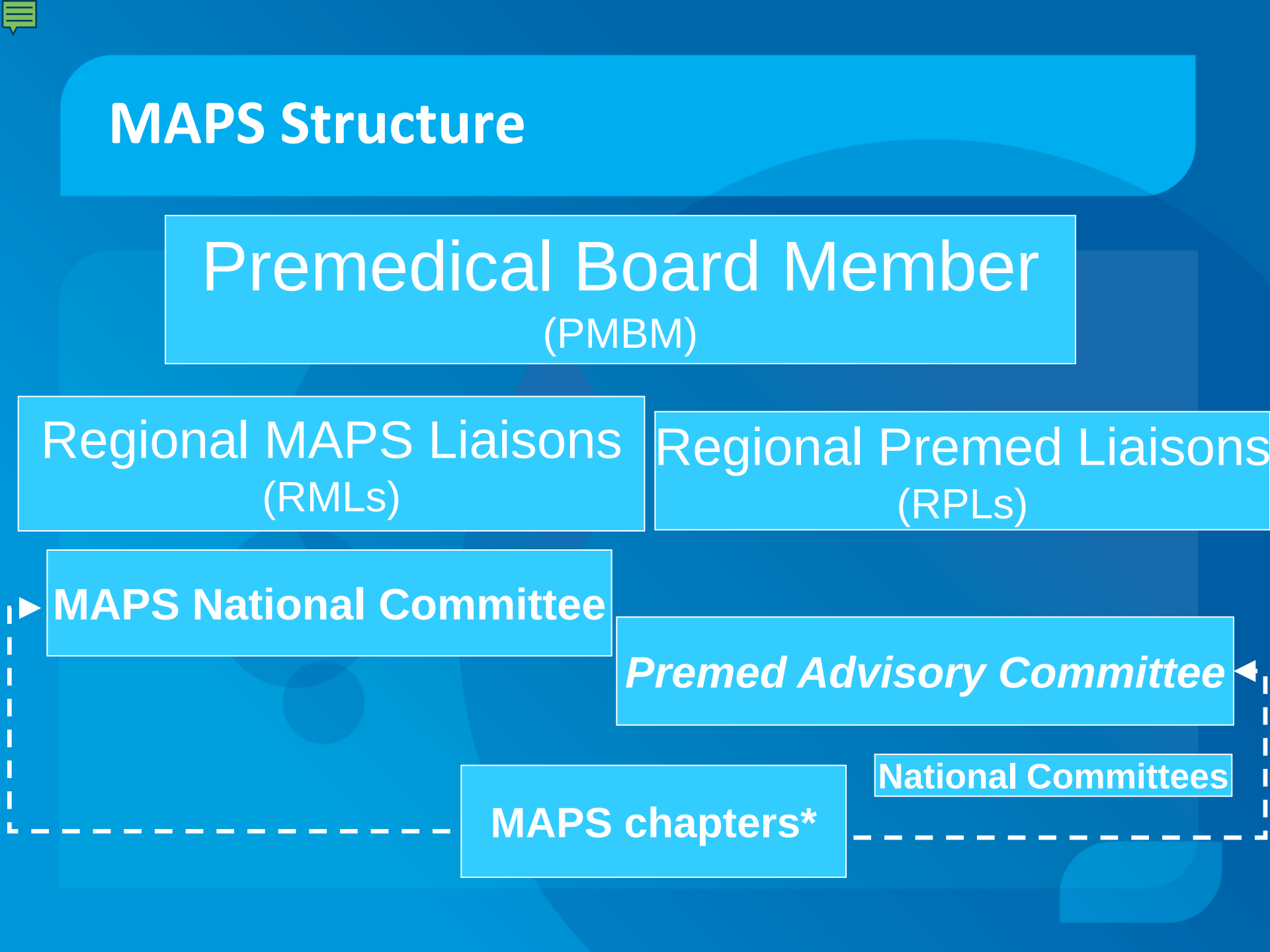
- Workforce diversity key aspect of reducing and eliminating health disparities
- The number of minorities entering middle school has been declining at a faster rate than the matriculation rates for majority students
- Physicians of color are more likely to practice in underserved areas reaching underprivileged populations

Goals of MAPS

- To provide underrepresented pre-med students with knowledge, skills, and experience that are both prerequisite & concomitant to professional participation in health care fields
- To improve minority student matriculation into all professional health related programs, with an emphasis on medicine
- To encourage culturally conscious physicians by increasing awareness of issues that underrepresented communities face

SNMA Administrative Structure

MAPS Structure



SNMA Regions

Region 3

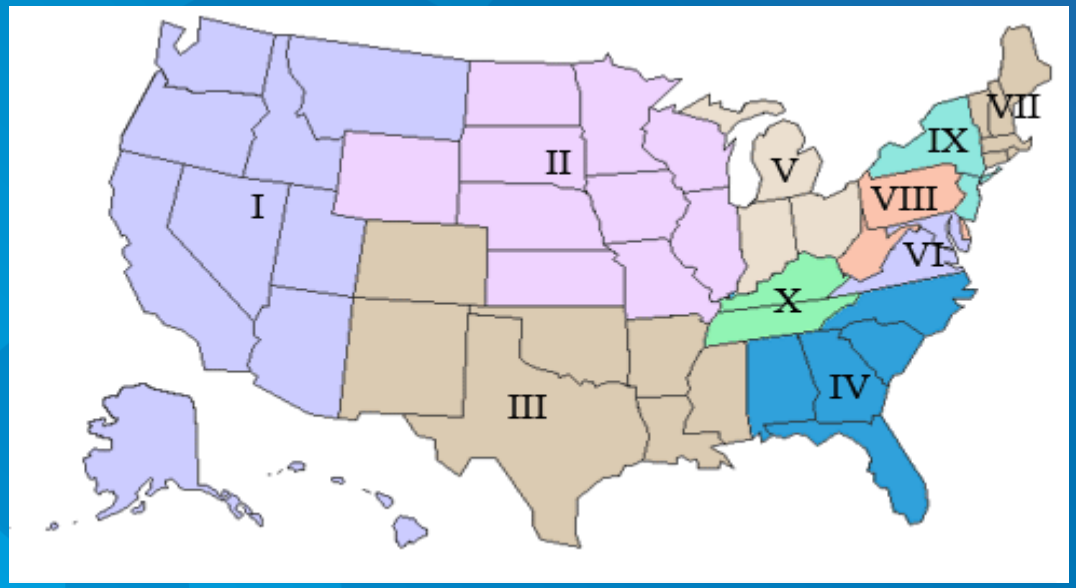
Oklahoma, Texas, Colorado, New Mexico, Arkansas, Mississippi, Louisiana

Region 4

Georgia, Alabama, Florida, North Carolina, South Carolina and the Caribbean

Region 2

Nebraska, Wyoming, South Dakota, Iowa, Wisconsin, Illinois, Missouri, North Dakota, Minnesota, Kansas



Region 5

Ohio, Indiana, Michigan

Region 6

District of Columbia, Maryland, Virginia

Region 7

Maine, Vermont, New Hampshire, Connecticut, Massachusetts, Rhode Island

Region 1

California, Nevada, Oregon, Washington, Arizona, Montana, Utah, Idaho, Hawaii, Alaska

Region 10

Kentucky, Tennessee

Region 9

New Jersey, New York

Region 8

Pennsylvania, West Virginia, Delaware

Regional MAPS Liaisons

Goals and expectations . . .

- Be a resource for your regional MAPS chapters and Chapter MAPS Liaisons (CMLs) in regional SNMA chapters
- Be an active member on the National MAPS Committee
- Turn in quarterly reports promptly
- Actively participate in phone conferences
- Plan and organize the pre-med portion of the Regional Conference
- Be a resource for MAPS Conferences that take place in your region
- Help in the planning and oversight of the pre-med portion of AMEC

Regional Premed Liaisons

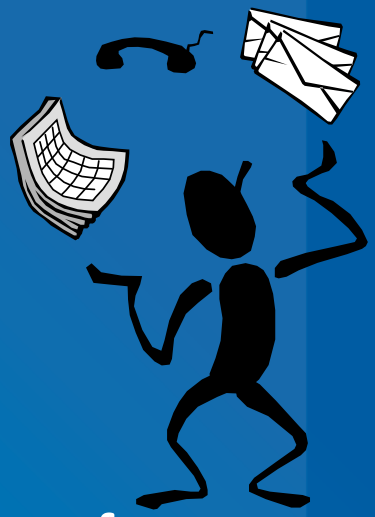
Goals and expectations . . .

- Be a resource for your regional MAPS chapters
- Be an active member on the Premed Advisory Committee
- Work closely with and assist the Regional MAPS Liaison in his/her work with the MAPS Chapters in your region
- Represent premed students' issues during conference calls, regional business meetings, and regional/national conferences
- Collect and turn in quarterly feedback forms
  - Should be collected from MAPS Chapters to help PMBM and RMLs know how to better serve the premeds in your region
- Actively participate in phone conferences
- Help plan and organize the pre-med portion of the Regional conference
- Be a resource for MAPS Conferences that take place in your region

So you want to be a MAPS Chapter?!...

Get Organized

- Identify students interested in starting a MAPS Chapter
- Select an Advisor
- Advisor name & email
- Contact SNMA chapter closest to you
- Chapter president name & email
- Local MAPS liaison name & email
- Contacting Registered student organization group for info of how to make chapter official



Get Recognized

- Follow university rules to be a recognized organization on campus
- Have at least 2 Associate members of SNMA ($25 per year, $35 for 2 years)
- SNMA Membership Form – due Nov. 15th
- Register with SNMA National Headquarters annually
- MAPS Chapter Registration Form – due Feb. 1st of each year
- We must have at least one form with the school seal on file

Get Linked

- Establish yahoo email account (ex.myschoolMAPS@yahoo.com)
- Contact MAPS liaison for your region (region#maps@snma.org)
- Contact your Regional Director (region#director@snma.org) for regional certification (the RD will send this form to HQ)
- Contact Premedical Board Member (premedical@snma.org)
- Send all info to HQ and keep COPIES of all paperwork
- Sign up for snmamapsgroup (via Yahoo!)…PMBM will provide more details

Get Active!

- Elect MAPS executive committee members
- Plan activities
- Participate in SNMA Community Service Protocols

Active vs. Inactive Chapters

Active chapters:

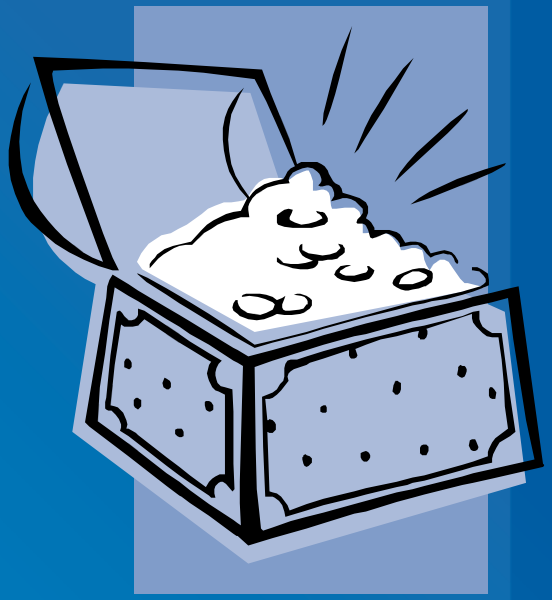
- Have minimum of two (2) SNMA Associate Members
- Have submitted a completed packet that includes a Chapter Update Form that was submitted after the last National Conference and before Feb. 1st of the upcoming year.
- Have been presented to the HOD by their RD/Chair and are chartered by majority vote.
- May vote for the Premedical Board Member one year after attainment of Chartered status provided all other requirements are met – one (1) vote per chapter.
- Are eligible for Chapter of the Year, Scholarships, etc.

Inactive Chapters:

- Can carry out all of the standard roles of a MAPS Chapter (i.e. community service, MAPS chapter events)
- Can continue to receive correspondence from national level but are not allowed to vote or apply for exclusive scholarships or awards.

Why become an Associate Member?...

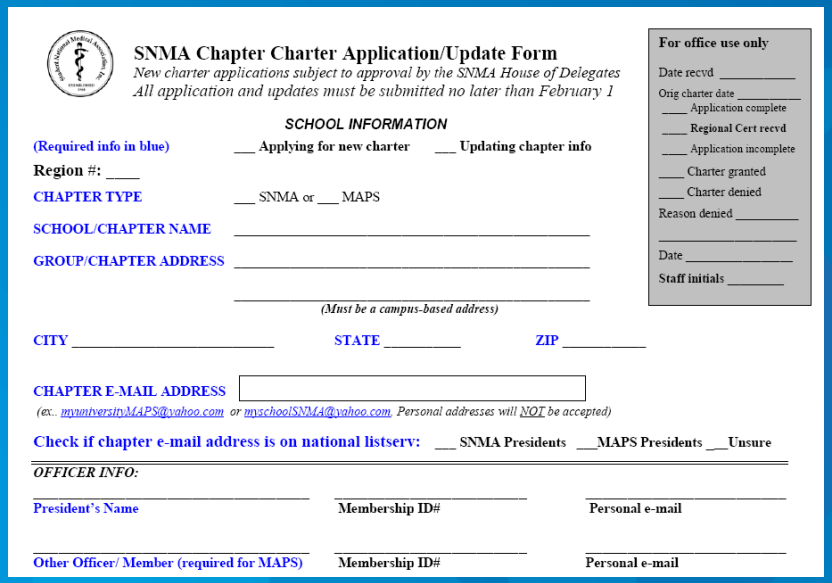
- SNMA National & Regional Conferences
- Journal of the SNMA
- Hotel discounts
- Partnerships w/ corporations
- International Health Opportunities
- Research Forums
- “So You Want to Be a Doctor” booklet
- Practice MCAT material
- Princeton Review discounts
- SNMA scholarships
- **Mentoring and networking opportunities!!**



Maintaining a Chapter

- Annual submission of Chapter Charter Application/Update Form
  - Available at www.snma.org/premedical
- At least 1 form with School Seal must be on file at headquarters
- 2 SNMA Associate Members at all times
- Submit at least two (2) quarterly Chapter Reports to PMBM & RML
- Dates for submission: Sept 15th, Dec 15th, Jan 31st, and May 15th
- Available at www.snma.org/premedical
- Maintain current and active mailing address & chapter email account
- Participate in at least one (1) regional event or meeting, not including National Conference

Chapter Charter App/Update Form:



SNMA Chapter Charter Application/Update Form

New charter applications subject to approval by the SNMA House of Delegates
All application and updates must be submitted no later than February 1

For office use only
Date recvd _____
Orig charter date _____
____ Application complete
____ Regional Cert recvd
____ Application incomplete
____ Charter granted
____ Charter denied
Reason denied _____
_____
Date _____
Staff initials _____

SCHOOL INFORMATION

(Required info in blue) ___ Applying for new charter ___ Updating chapter info

Region #: ____

CHAPTER TYPE ___ SNMA or ___ MAPS

SCHOOL/CHAPTER NAME _____

GROUP/CHAPTER ADDRESS _____

_____
(Must be a campus-based address)

CITY _____ STATE _____ ZIP _____

CHAPTER E-MAIL ADDRESS

(ex.. myuniversityMAPS@yahoo.com or myschoolSNMA@yahoo.com. Personal addresses will NOT be accepted)

Check if chapter e-mail address is on national listserv: ___ SNMA Presidents ___MAPS Presidents ___Unsure

OFFICER INFO:

President's Name | Membership ID# | Personal e-mail

Other Officer/ Member (required for MAPS) | Membership ID# | Personal e-mail

CHAPTER ADVISOR INFO:

Advisor's Name | Department | E-mail Address

Additional info for MAPS chapter charters only

SNMA Host Medical School Chapter _____

OR

____ My group is NOT affiliated with an SNMA chapter.

_____ I have contacted my Regional Director; he/she has granted Regional Certification; and this certification is submitted with this application. (required by new charters only)

We, the representatives of the above-named students, hereby request charter status with the SNMA. We certify that we are SNMA members. We have read the Chapter Charter Policy and recognize the chapter's duties of involvement on both national and regional levels and of upholding the SNMA Constitution, Regional Constitution, and all policies and principles of the SNMA.

Please have the appropriate school official place the school seal in the box provided.

School official's name | Department | School official's signature

President's Signature | Date

Other officer/Member Signature (MAPS only) | Date

Place school seal here. (required by new charters only)

Mail: SNMA National Headquarters, Attn: Membership and Chapter Services, 5113 Georgia Ave, NW, Washington, DC 20011
Fax: 202-882-2886

- This form must be submitted ANNUALLY by February 1st! Be sure you've completed everything…it doesn't count if it's missing information.
- Find this form at www.snma.org/premedical
- Be sure that at least 1 form with your School Seal is on file at Headquarters!!
- If you're unsure, email premedical@snma.org or contact Headquarters at memberinfo@snma.org

Regional Certification

SNMA Chapter Charter Application

**Regional certification required only for new charters and chapters who have not submitted an update form in 3 or more years.*
Incomplete and e-mailed applications will not be accepted

Regional Certification

I, _____, the Regional Director of Region ___ hereby certify that individuals at

_____
School Name

City _____ State _____

have submitted appropriate documentation, have applied to become national members of the Student National Medical Association, and are in assembly to gain charter for a nationally recognized SNMA/MAPS Chapter. If granted an SNMA charter, the group understands its duties of involvement SNMA both nationally and regionally and of upholding the SNMA Constitution, Regional Constitution, and policies and principles of the Student National Medical Association.

_____ _____
Signature Date

Please submit with completed application to:
SNMA National Headquarters
Attn: Membership and Chapter Services
5113 Georgia Avenue, NW
Washington, DC 20011

or

Fax: 202-882-2886

- This form must be submitted through your Regional Director by **February 1st** for all new chapters to be eligible for charter.
- Current chapters need not submit this if there is one on file for them at HQ.
- The form can be found on the national website:

www.snma.org/premedical

Questions???

Remember that you can always contact the following individuals for clarification, help, or to offer suggestions:

- **Regional MAPS Liaison -** region#maps@snma.org
  (ex. for Region IV, region4maps@snma.org)
- Regional Director – region#director@snma.org
  (ex. for Region IX, region9director@snma.org)
- **Premedical Board Member -** premedical@snma.org
- Headquarters – memberinfo@snma.org
  Especially for questions about individual membership and whether paperwork has been received.