

ACGME Health Care Administration, Leadership, and Management Advisory Committee Nomination Form

###### 2022 Appointment

Email the completed form and the nominee’s curriculum vitae to irc@acgme.org.

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| **Nominee Information** |
| Nominee’s Name |       |
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| Name of Nominee’s Employer |       |
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| Address of Nominee’s Employer |       |
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| City and State of Nominee’s Employer |       |
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| Nominee’s Telephone Number |       |
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| Nominee’s Email Address |       |
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| *(To be completed by the nominee)* Why do you want to be an ACGME Advisory Committee member? What perspectives would you bring to the Committee? |       |
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| *(To be completed by the nominee)* Describe your past experiences with administration, leadership, or management education programs. |       |
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| Specify the nominee’s current professional title and briefly describe the responsibilities of that role. |       |
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| Indicate the nominee’s dates of service as a health care executive and the name(s) of the organization. |       |
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| List any leadership positions at thelocal, state, or national level. |       |
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| Has the nominee previously served on an ACGME committee, task force, or other group? If so, list the group and duration of service. |       |
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| Describe any employment or family relationship(s) that the nominee has with any current member(s) of the Institutional Review Committee. |       |