

ACGME Institutional Review Committee Nomination Form

###### 2023 Appointment

Email the completed form and the nominee’s curriculum vitae to [irc@acgme.org](mailto:irc@acgme.org).

|  |  |
| --- | --- |
| **Nominee Information** | |
| Nominee Name |  |
|  |  |
| Name of Nominee’s Employer |  |
|  |  |
| Address of Nominee’s Employer |  |
|  |  |
| City and State of Nominee’s Employer |  |
|  |  |
| Nominee Telephone Number |  |
|  |  |
| Nominee Email Address |  |
|  |  |
| *(To be completed by the nominee.)*  Why do you want to be an ACGME Institutional Review Committee member? What perspectives would you bring  to the Committee? |  |
|  |  |
| *(To be completed by the nominee.)*  What are the two most important changes you believe are necessary in graduate medical education in the United States? |  |
|  |  |
| Specify the nominee’s current professional title and briefly describe the responsibilities of that role. |  |
|  |  |
| Indicate the nominee’s dates of service as a Designated institutional official and the name(s) of the Sponsoring Institution(s). |  |
|  |  |
| List any leadership positions in graduate medical education at the local, state,  or national level. |  |
|  |  |
| Has the nominee previously served on an ACGME Review Committee? If so, list the Review Committee and duration of service. |  |
|  |  |
| Describe any current or past involvement in graduate medical education  not listed above. |  |
|  |  |
| Describe any employment or family relationship(s) that the nominee has with any current member(s) of the  Institutional Review Committee. |  |