ACGME Institutional Review Committee Nomination Form

###### 2023 Appointment

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

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| **Nominee Information** |
| Nominee Name |       |
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| Name of Nominee’s Employer |       |
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| Address of Nominee’s Employer |       |
|  |  |
| City and State of Nominee’s Employer |       |
|  |  |
| Nominee Telephone Number |       |
|  |  |
| Nominee Email Address |       |
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| *(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? |       |
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| *(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? |       |
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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 Designated institutional official and the name(s) of the Sponsoring Institution(s). |       |
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| List any leadership positions in graduate medical education at the local, state, or national level. |       |
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| Has the nominee previously served on an ACGME Review Committee? If so, list the Review Committee and duration of service. |       |
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| Describe any current or past involvement in graduate medical education not listed above. |       |
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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. |       |