

ACGME Review/Recognition Committee Nomination Form

Review/Recognition Committee Resident Member Nominees:



Nominee Information

Name

Name of institution

Address of Institution

City, State, and Zip of Institution

Telephone

Email address

Medical School/Year Graduated

Medical Specialty

Board Certification(s)

Current professional position and description of responsibilities

Current academic appointment(s)

Describe any current or past involvement in graduate medical education not listed in your professional responsibilities above.

List any leadership positions in graduate medical education at the local, state, and/or national level.

List principal professional specialty society memberships.

What are the two most important educational changes you believe are necessary in the specialty?

What special qualifications and/or perspectives would you bring to the Review/Recognition Committee?

Describe any current or past employment or family relationship you have with any of the current members of the Review/Recognition Committee (e.g., supervisor; direct report; marriage; relative).

Have you previously served on an ACGME Review/Recognition Committee? If so, list the specialty and duration of service.

**ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION
AGREEMENT FOR
REVIEW COMMITTEE MEMBERS**

In connection with my membership on a Review or Recognition Committee of the Accreditation Council for Graduate Medical Education (ACGME), I understand and agree to the following:

Review Committee Function

I understand that the Review or Recognition Committee is an ACGME Committee that functions according to ACGME Policies and Procedures. The committee is not an independent entity, nor does it belong to a specialty. The committee's function is to establish and revise ACGME accreditation or recognition requirements, subject to approval by the ACGME, and to provide a peer evaluation of residency/fellowship programs in its specialty and accompanying subspecialties or of the institutions that sponsor the specialty and subspecialty residency or fellowship programs. The purpose of the evaluation is to assess whether a program or Sponsoring Institution substantially complies with ACGME accreditation requirements (i.e., Sponsoring Institution and/or program) and to confer an accreditation or recognition status to

Sponsoring Institutions and programs relating to substantial compliance with those standards.

Council of Review Committee Residents Participation

I understand that joining a Review or Recognition Committee as a resident member qualifies me to join the Council of Review Committee Residents (CRCR). The CRCR serves as an advisory body to the ACGME concerning resident matters, graduate medical education (GME), and accreditation. The Council is composed of the current resident members of the ACGME Board of Directors and each Review Committee. The Council meets twice annually. Attendance at Council meetings is encouraged.

Review Sections [6.30 and 7.00 of the ACGME Policies and Procedures](#)