

**Coordinator Advisory Group Nomination Form**

**June 2022**

*This form must be completed by the program director or designated institutional official (DIO) supervising the nominee.*

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| Name of Program Director or DIO |       |
| Position/Title of Program Director or DIO |       |
| Email of Program Director or DIO |       |
| **Nominee Information** |
| Name |       |
|  |  |
| Name of Institution/Program |       |
|   |  |
| ACGME Institution/Program ADS Number |       |
|  |  |
| Address of Institution/Program |       |
|  |  |
| City, State, and Zip Code of Institution/Program |       |
|  |  |
| Business Telephone |       |
|  |  |
| Email Address |       |
|  |  |
| Degree(s) |       |
|  |  |
| Licenses and/or Certification(s) |       |
|  |  |
| Specialty/Graduate Medical Education (GME) Title |       |
|  |  |
| Years of Experience in GME |       |
|  |  |
| Current Professional Position and Description of Responsibilities |       |
|  |  |
| Describe any current or past involvement in GME not listed in professional responsibilities above |       |
|  |  |
| List any leadership positions in GME at the local/state/national level |       |
|  |  |
| List professional specialty society memberships |       |

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| Gender (click on “Choose an item” to access drop-down menu) | Choose an item. |

|  |  |
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| Race/Ethnicity (click on “Choose an item” to access drop-down menu) | Choose an item. |

I am the nominee’s supervisor and approve      ’s participation in the ACGME Coordinator Advisory Group for the period of July 1, 2023 through June 30, 2026. I understand that the ACGME will cover travel-related expenses.

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|       |       |
| Name | Date |