

**ACGME Review Committee Resident Member Nomination Form**

Email this completed form, two signed letters of recommendation, and the resident/fellow nominee’s CV to Sarah Gluckstein: sgluckstein@acgme.org.

**Resident/Fellow Information**

Name:

Institution Name and Address:

Telephone:

Email:

How did you hear about this position?

Name and contact information for the nominator (if not the resident/fellow or program director):

Program Director Name:

Program Director Email:

Provide a brief explanation of your interest in serving on this committee.

**Review Committee Function**

[ ]  I understand that the Review 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 requirements, subject to approval by the ACGME, and to provide peer evaluation of residency/fellowship programs in its specialty and accompanying subspecialties or of the institutions that sponsor the specialty and subspecialty programs. The purpose of the evaluation is to assess whether a Sponsoring Institution or program substantially complies with ACGME accreditation requirements (i.e., Institutional and/or Program) and to confer an accreditation status on Sponsoring Institutions and programs relating to substantial compliance with those standards.

[ ]  **Council of Review Committee Residents Participation**

 I understand that joining a Review 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/fellow matters, graduate medical education, and accreditation. The CRCR is composed of the current resident members of the ACGME Board of Directors and each Review and Recognition Committee. The CRCR meets twice annually. Attendance at CRCR meetings is encouraged.