

**Coordinator Advisory Group Nomination Preparation Form**

**2026-2029**

*This document is meant to help prepare the nominee’s materials for electronic submission.*

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| Name of Program Director or Designated Institutional Official (DIO) |       |
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| Position/Title of Program Director or DIO |       |
|  |  |
| E-mail of Program Director or DIO |       |
| **Nominee Information** |
| Name of Nominee |       |
|  |  |
| Name of Institution/Program |       |
|   |  |
| ACGME Institution/Program Accreditation Data System (ADS) Number |       |
|  |  |
| Address of Institution/Program |       |
|  |  |
| City, State, and Zip Code of Institution/Program |       |
|  |  |
| Business Telephone |       |
|  |  |
| E-mail Address |       |
|  |  |
| Degree(s) |       |
|  |  |
| Licenses and/or Certification(s) |       |
|  |  |
| Specialty/Graduate Medical Education (GME) Title |       |
|  |  |
| Years of experience in GME |       |
|  |  |
| Current description of professional 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 *optional* (click on “Choose an item” to access drop-down menu) | Choose an item. |

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

I am the nominee’s supervisor and approve their participation in the ACGME Coordinator Advisory Group for the period of July 1, 2026, through June 30, 2029. I understand that the ACGME will cover travel-related expenses.

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|       |       |
| Name | Date |

List of PDF documents that must be uploaded at time of submission:

1. Letter of support from the nominee’s current GME leader/supervisor (e.g., program director, DIO)
2. Additional letter of support from an individual familiar with the nominee’s role within the program, institution, or graduate medical education (e.g., GME manager, colleague)
3. Letter from nominee addressing the following:
	1. What special qualifications and/or perspectives would you bring to the group?
	2. What is the most rewarding aspect of being a coordinator?
	3. What is the biggest opportunity you see in the future of GME?
	4. What is the most important issue faced in the coordinator role?
4. Nominee’s current CV

Current charge: The Coordinator Advisory Group serves as a consultative body to the ACGME administration concerning coordinator, graduate medical education, learning environment, and accreditation matters.