

**ACGME Coordinator Advisory Group**

**Disclosure Form**

***This form must be completed and signed by the nominee.***

* **I confirm that I am not employed by the ACGME.**
* **I confirm that I am not related to anyone who is employed by the ACGME.**
* **I have no financial or non-financial relationships with the ACGME to report.**
* **I have the following financial and/or non-financial relationship(s) to report:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Name (please print) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nominee’s Signature (electronic signatures are acceptable)**