**ACGME Requirements**

**Review and Comment Form**



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| Title of Requirements |  |

Organizations submitting comments should indicate whether the comments represent a consensus opinion of its membership or whether they are a compilation of individual comments.

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| **Select [X] only one** | |
| Organization (consensus opinion of membership) |  |
| Organization (compilation of individual comments) |  |
| Review Committee |  |
| Designated Institutional Official |  |
| Program Director in the Specialty |  |
| Resident/Fellow |  |
| Other (specify): |  |

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Organization |  |

As part of the ongoing effort to encourage the participation of the graduate medical education community in the process of revising requirements, the ACGME may publish some or all of the comments it receives on the ACGME website. By submitting your comments, the ACGME will consider your consent granted. If you or your organization does not consent to the publication of any comments, please indicate such below.

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The ACGME welcomes comments, including support, concerns, or other feedback, regarding the proposed requirements. For focused revisions, only submit comments on those requirements being revised. Comments must be submitted electronically and must reference the requirement(s) by both line number and requirement number. Add rows as necessary.

|  | **Line Number(s)** | **Requirement Number** | **Comment(s)/Rationale** |
| --- | --- | --- | --- |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |

General Comments:

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