

**Nomination Form**  
**Review Committee for Neurology Public Member**  
**(Term July 1, 2022 - June 30, 2028)**

Name of Nominating Group or Individual (*self-nominations are encouraged*)

**Nominee Information**

Name

Name of Employer

Address of Employer

City, State of Employer

Telephone

Email Address

List current professional position and a description of responsibilities.

Describe any current or past involvement in graduate medical education not listed in your professional responsibilities above.

List any current or recent membership and leadership positions in public organizations.

Describe the special qualifications or perspective you would contribute to the Review Committee.

Describe current or past involvement in medicine, health, or education. If you worked for a health care institution, indicate years.

Describe any relationship you may have had with this medical specialty.

Describe any current or past employment or family relationship that you have with a physician who has had ACGME-accredited residency or fellowship education (e.g., supervisor, direct report, marriage, relative)

Email this form and a current CV to [lcassie@acgme.org](mailto:lcassie@acgme.org) by July 2, 2021.