**ACGME Requirements**

**Review and Comment Form**



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| --- | --- |
| Title of Requirements | Common Program Requirements (Residency)  Common Program Requirements (Fellowship)  Common Program Requirements (One-Year Fellowship)  Common Program Requirements (Post-Doctoral Education Program) |

Organizations submitting comments should indicate whether the comments represent a consensus opinion of their 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 interim revisions, only submit comments on those requirements being revised.* Comments must be submitted electronically and must reference the requirement(s) by requirement number, indicated by strike-through and underline. Add rows as necessary.

**Special Instructions for Common Program Requirements:** The ACGME invites the community to comment on the proposed interim revision for all four versions of the Common Program Requirements. You may choose to comment on just one version, or to give feedback on more than one, but **use only one form** to submit all comments. Please indicate below which version(s) your comments relate to:

Residency

Fellowship

One-Year Fellowship

Post-Doctoral Education Program

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

**General Comments**

*Include only* **general** *or* **overall** *comments in this box. Comments about specific requirements must be included in the requirement comment table above and referenced by requirement number to be considered by the ACGME.*

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**Submission**

All comments must be submitted via e-mail to [cprrevision@acgme.org](mailto:cprrevision@acgme.org) by June 16, 2022. Specific comments must reference the requirement(s) by number as described above. All comments must be submitted using this form; comments submitted in another format will not be considered.