



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



## Multidisciplinary Steering Committee Nomination Form

### Section I - Contact Information

Name of Nominee: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Area(s) of Clinical Expertise (list up to 3):

*All nominations must come from the Executive Leadership (CEO, President, etc) of a professional organization, with the understanding that the nominated member will be speaking and voting on behalf of the organization.*

Name of Nominator: \_\_\_\_\_

Affiliation/Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Section II - Qualifications

In the space provided, explain why you think this individual would be an excellent candidate for the Multidisciplinary Steering Committee (MSC), including:

- 1) Clinical expertise in women's health issues
- 2) Methodologic expertise
- 3) Previous experience on expert panels

Please refer to the nomination criteria.

Please disclose any conflicts of interest held by the nominee, their immediate family members or business associates:

**Please attach the nominee's Curriculum Vitae** and submit this form to [wpsi@acog.org](mailto:wpsi@acog.org) with the subject line: MSC Committee Nomination. The deadline to submit forms is **Friday, December 13, 2019 by 5pm EST.**

**Committee appointments begin Monday, March 2, 2020.**

If you have any questions or need additional information, please contact WPSI staff at [wpsi@acog.org](mailto:wpsi@acog.org)

