



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 with the subject line: MSC Committee Nomination.

If you have any questions or need additional information, please contact WPSI staff at wpsi@acog.org