**Return completed form to Chris Pyle at** cpyle@aafp.org**, phone (913) 906-6361**

**Due Date, Friday, June 26, 2020**

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| **Lead Reviewer and Primary Contact** |  |
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| First Name |  | Middle |  | Last Name |  | Degrees |  | Position |
| **Primary Contact Email:** |  |
| **Phone:** |  |
| **Institution Name:****as it should appear online** |  |
| **Address:** |  |
| **City:** |  | State: |  | Zip: |  |
|  |  |  |  |
| **Please List Other Review Team Members:** | **First and Last Name** | **Degree(s)** | **Position** |
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| **First Requested Curriculum Guideline (CG)** |  |
| CG Title: |  |
| List credentials, expertise, experience, and interest to qualify for review (This information should explain why the review team is qualified to revise the CG.): |
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| **Second Requested Curriculum Guideline (CG)** |  |
| CG Title: |  |
| List credentials, expertise, experience, and interest to qualify for review (This information should explain why the review team is qualified to revise the CG.): |
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