**Return completed form to Chris Pyle at** [cpyle@aafp.org](mailto: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: |  |
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| **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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