U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

ACIP Nomination Form

Thank you for your interest in serving as a member of the Advisory Committee on Immunization Practices (ACIP), Centers for Disease Control and Prevention (CDC). Nominations may be submitted by the candidate or by the person/organization recommending the candidate.

Please email this completed form and additional required documents to ACIP@cdc.gov with the subject line "ACIP Nomination Application."

ADDITIONAL REQUIRED DOCUMENTS:

- Current curriculum vitae (CV), including complete contact information (telephone numbers, mailing address, email address). CVs should include candidates' education, training, board certification and career history and list main areas of employment or other relevant activity and public appointments, if any. CVs should also include details of any relevant academic or professional qualifications.
- At least one letter of recommendation from person(s) not employed by HHS. Candidates may also submit letter(s) from current HHS employees if they wish (excluding CDC employees), but at least one letter must be submitted by a person not employed by an HHS agency.

CANDIDATE INFORMATION

First Name: _____ Middle Name (if applicable): _____

Last Name: _____ Degrees (if applicable): _____

Specialty/Field of Work: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Place of Birth (City, State): _____

Citizenship(s): _____

Employer/Organization: _____

Employer/Organization Mailing Address: _____

Job Title: _____