ACME | ACCREDITATION COMMISSION *for* MIDWIFERY EDUCATION

3rd- Party Comments Form

Only completed forms will be considered. Contact information for the person submitting the comments is required. The applicable ACME criteria must be identified and included in the *Third-Party Comment Information Section B* of this form. If you have any questions, please send an email to accreditation@acnm.org.

A. Contact Information

a. First Name: | M.I. | Last Name:

b. Street Address:

c. City: | State: | Zip Code: | Country:

d. Telephone Number:

e. Email Address:

B. Third-Party Comments Information

a. Institution/Midwifery Program

b. State the related criteria and provide clear statements describing the institution's performance in terms of compliance with ACME's criteria.

c. Provide any additional information that might be helpful to the ACME Board of Review and the decision-making process.

Signature: **Date:**

Submit Completed Form to:

Angela Smith, ACME Executive Director, by email to accreditation@acnm.org **or** physical address 8403 Colesville Rd., Suite 1550, Silver Spring, MD 20910.