

# ACME

# ACCREDITATION COMMISSION *for* MIDWIFERY EDUCATION

## 3<sup>rd</sup>- Party Comments Form

Only completed forms will be considered. Contact information for the person submitting the comments is required. The applicable ACME criteria should be identified and included in the *Third-Party Comments Information Section B* of this form. If you do not have the criteria, it can be added as applicable after the comment is reviewed by an ACME representative. If you have any questions, please send an email to [support@theacme.org](mailto:support@theacme.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, if known, 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 ACME by email: [support@theacme.org](mailto:support@theacme.org).**