

455 Massachusetts Ave NW, Suite 310, Washington DC, 20001

www.nrmp.org Email: support@nrmp.org

Toll Free: (866) 653-NRMP Phone: (202) 400-2233

**Application – Resident Physician Director**

**Board of Directors**

Please complete this application as part of your nomination packet for a resident physician director position on the National Resident Matching Program (NRMP) Board of Directors. Items included help ensure diversity of Board membership as well as candidate understanding of and alignment with organization mission. If you have questions about this application or the nominating process, please contact the NRMP by email at admin@nrmp.org.

***Completed nomination packets are due October 31, 2025.***

**Name** Click or tap here to enter text.

**Address** Click or tap here to enter text.

Street

 Click or tap here to enter text.

 City, State, Zip

**Phone Number** Click or tap here to enter text.

**Email Address** Click or tap here to enter text.

**To be eligible, you must be a current resident in your core training at the beginning (July 1, 2026) of the two-year appointment.**

Are you currently a resident? Yes: [ ]  No: [ ]

**Current specialty:** Click or tap here to enter text.

**Current PGY-Year**: Click or tap here to enter text.

**Age:** Click or tap here to enter text.

[ ]  I prefer not to answer

**Sex/Gender Identity:**

[ ]  Male

[ ]  Female

[ ]  Non-binary

[ ]  I prefer not to answer

**Ancestry (Check all that apply):**

[ ]  White

[ ]  Hispanic (including: Mexican, Puerto Rican, Central or South American, Cuban or Cuban American, Dominican, and Spanish)

[ ]  Black or African American

[ ]  American Indian or Alaska Native (American Indian includes North American, Central American, and South American Indians)

[ ]  Native Hawaiian

[ ]  Guamanian or Chamorro

[ ]  Samoan

[ ]  Other Pacific Islander

[ ] Asian (including: Asian Indian, Pakistani, Bangladeshi, Sri Lankan, Chinese, Filipino, Japanese, Korean, and Vietnamese)

[ ]  Other (please specify): Click or tap here to enter text.

[ ]  I do not know

[ ]  I prefer not to answer

**Specific Areas of Professional Expertise (check all that apply):**

|  |  |
| --- | --- |
| [ ]  Board Development[ ]  Bylaws creation and modification[ ]  Chief Resident[ ]  Communications/Public Relations[ ]  Compliance[ ]  Executive Management[ ]  Finance & Banking[ ]  Governance and Oversight[ ]  Government Relations | [ ]  Human Resources Management[ ]  Information Technology[ ]  Insurance[ ]  Legal[ ]  Marketing/Brand Strategy[ ]  Public Policy[ ]  Research and Development[ ]  Student/Resident National Organization Leadership[ ]  Intellectual Property Protection and Licensing |

[ ]  Other (please specify): Click or tap here to enter text.

For each area you identified above, please provide a simple description of your expertise and how you developed it.

1. How would you describe the NRMP’s role within the transition to residency and the value the NRMP brings to the medical education community?
2. Please describe any prior experience with the NRMP or other medical matching plan.
3. Why do you wish to become a member of the NRMP Board of Directors? How do you see yourself contributing to the activities of the Board?
4. What professional and personal or “lived” experiences do you believe have prepared you for a position on the NRMP Board of Directors? Do you envision a career in academic medicine or graduate medical education?
5. What do you believe are the important issues in graduate medical education today? What role, if any, should the NRMP play?
6. What do you believe to be the challenges facing the NRMP?