

New Medical School Submission Form

Fax to (202) 828-1129 Email eamrequests@aamc.org

School Information

Accreditation	
C LCME Accredited	COCA Accredited
Medical School Name	
Address Line 1	
Address Line 2	
City	State
Zip Code	Phone Number
Fax Number	
Dean Information	
Name	
Email Address	
Phone Number	
Primary Contact Information	
Name	
Email Address	
Phone Number	
Secondary Contact Information	
Name	
Email Address	
Phone Number	