OHIO ACP DOCTOR’S DILEMMA 2024 REGISTRATION

Please complete the following fields to register your team for Doctor’s Dilemma.

Email form to Jan Wrassman at jwrassman.acpohio@gmail.com

 **Residents Doctor’s Dilemma**

**TEAM NAME:**

**MEDICAL**

**SCHOOL *or***

**RESIDENCY**

**PROGRAM:**

**PRIMARY**

J

**CONTACT**

**PERSON FOR**

**THE TEAM:**

**EMAIL:**

**TEAM MEMBER 1**

**NAME:**

**ACP NUMBER:**

(enter ***pending*** if not yet available

**TEAM MEMBER 2:**

**NAME:**

**ACP NUMBER:**

(enter ***pending*** if not yet available

**TEAM MEMBER 3:**

**NAME:**

**ACP NUMBER:**

(enter ***pending*** if not yet available

**ALTERNATE MEMBER:**

**NAME:**

**ACP NUMBER:**

(enter ***pending*** if not yet available