

# TEP Nomination/Disclosure/Agreement Form

**Project Name:** *Patient or Patient Caregiver participation on a Quality Insight of Pennsylvania's TEP*

## Instructions

Applicants/Nominees must submit the following documents along with this completed and signed form:

- ◆ A statement of interest summarizing relevant expertise and knowledge of the applicant (2-page maximum).
- ◆ A curriculum vitae (CV) if available and/or list of relevant experience (e.g., publications) if relevant (10-page maximum).
- ◆ A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for CMS, Quality Insights of Pennsylvania must ensure balance, independence, objectivity and scientific rigor in its measure development activities.
- ◆ Send completed and signed form, statement of interest, and CV to Quality Insights of Pennsylvania with "Nomination to TEP" in the subject line at [measures@wvmi.org](mailto:measures@wvmi.org) due by close of business March 15, 2013 ET.

All potential TEP members must disclose to the Quality Insights of Pennsylvania, CMS and other TEP members any significant financial interest or other relationships that may affect their judgment or perceptions. The intent of this disclosure is not to prevent individuals with potential for conflict of interest from serving on the TEP, but to provide the Quality Insights of Pennsylvania, other TEP members, and CMS the information to form their own judgments. It is for the Quality Insights of Pennsylvania, other TEP members, and CMS to decide if the individual's interest or relationships may affect the discussions or conclusions. Conflict of interest glossary of terms can be found at [https://www.cms.gov/MMS/15\\_TechnicalExpertPanels.asp#TopOfPage](https://www.cms.gov/MMS/15_TechnicalExpertPanels.asp#TopOfPage).

## Applicant/Nominee Information (Self-nominations Are Acceptable)

First and last name:

Suffix/degrees (RN, MD, PhD, etc.)/Title:

Organization:

Mailing address:

Telephone/fax number(s):

Email address:

## Person Recommending the Nominee

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and that they are agreeable to serving on the TEP. Quality Insights of Pennsylvania will request the required information from the nominee.

First and last name:

Suffix (RN, MD, PhD, etc.)/Title:

Organization:

Mailing address:

Telephone/fax number(s):

Email address:



I attest that I have notified the nominee of this action and that he/she is agreeable to serving on the TEP.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant/Nominee's Disclosure**

1. Do you or any family members have a financial interest, arrangement or affiliation with any corporate organizations that may create a potential conflict of interest? **Yes  / No .**

If yes, please describe (grant/research support, consultant, speaker's bureau, major stock shareholder, other financial or material support). Please include the name of the corporation/organization.

2. Do you or any family members have intellectual interest in a study or other research related to the quality measures under consideration? **Yes  / No .**

If yes, please describe the type of intellectual interest and the name of the organization/group.

**Applicant/Nominee's Agreement**

- ◆ If at any time during my service as a member of this TEP, my conflict of interest status changes, I will notify the Quality Insights of Pennsylvania and the TEP chair.
- ◆ It is anticipated that there will be 1-2 meetings for each quality measure I have agreed to participate in, which will last approximately 1 ½ hours in length, but I would only be required to participate in the first half of the meeting. I am able to commit to attending at least 90 percent of all TEP meetings (face-to-face or by telephone).
- ◆ If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (e.g., NQF, AQA) for approval, I will be available to discuss the measures with the organization or its representatives, and work with the Quality Insights of Pennsylvania to make revisions to the measures if necessary.
- ◆ If selected to participate in the TEP, I will keep confidential all materials and discussions until such time that CMS authorizes their release.

I have read the above and agree to abide by it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

