



**HOSPITAL VALUE-BASED PURCHASING (HVBP) PROGRAM
MONITORING & EVALUATION STRATEGIES
TECHNICAL EXPERT PANEL (TEP)
NOMINATION FORM**

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) and/or list of relevant experience (e.g., publications) (10-page maximum).

___ A disclosure of any current and past activities that may indicate a conflict of interest. As a contractor for CMS, Telligen, must ensure balance, independence, and objectivity the development program activities.

___ Send completed and signed form, statement of interest, and CV to Alice Davis at Telligen with "Nomination" in the subject line at adavis@telligen.org. Due by close of business 12/31/2012 12:00 p.m. ET.

All potential TEP members must disclose to the contractor, 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 measure contractor, other TEP members, and CMS the information to form their own judgments. It is for the measure contractor, 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 the TEP charter (<https://www.qualitynet.org>).

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. The measure contractor 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: _____