

Technical Expert Panel Nomination Form Template

Project Title:

Cross-setting Technical Expert Panel (TEP) for the Maintenance and Development of Vaccination-Related Items and Measures for the Long-Term Care Hospital (LTCH), Inpatient Rehabilitation Facility (IRF), Skilled Nursing Facility (SNF)/Nursing Home (NH), and Home Health (HH) Settings

Note to Applicant/Nominee: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements.

- [Link to TEP Charter](#)
- [Link to Call for TEP Web Posting](#)

Instructions:

Applicants/nominees must submit these documents **with this completed and signed form**:

1. A letter of interest (not to exceed 2 pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
2. A Curriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.

Send this completed and signed TEP Nomination form, letter of interest, and CV to Acumen, LLC with “Nomination” in the subject line at ccsq-pac-grp-tep@acumenllc.com. The documents are due by October 19, 2021 5PM EST.

Self-Nomination:

Complete this section only if you are nominating yourself for the TEP.

Applicant/Nominee Information (Self-nominations are acceptable):

Name and credentials, if any (degrees, certifications, etc.)

Professional role or title: (physician, measure developer, etc.)

Organizational affiliation, if any: (Employer or organization you represent.)

City:

State:

Mailing address:

Telephone:

Email:

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 developer may request the required information from the nominee.

Name and credentials, if any (degrees, certifications, etc.)

Professional role or title: (physician, measure developer, etc.)

Organizational affiliation, if any: (Employer or organization you represent.)

City:

State:

Mailing address:

Telephone:

Email:

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: _____ Date: _____

The nominee must submit the remainder of the nomination package within the specified period for consideration.

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, describe (for example, grant/research support, consultant, speaker's bureau, and major stock shareholder, other financial or material support). 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, describe the type of intellectual interest and the name of the organization/group:

Applicant/Nominee's Professional Category (select all that apply):

- ☐ Primary care/general practitioner/internist
- ☐ Physician specialist (*please specify*):
- ☐ Non-physician clinician (*please specify*):
- ☐ Clinical staff working in PAC settings (*please specify*):
- ☐ Vaccination experts (*please specify*):
- ☐ Other (*please specify*):
- ☐ Not applicable

Applicant/Nominee's Area(s) of Expertise (select all that apply):

- ☐ Long-Term Care Hospital (LTCH)
- ☐ Inpatient Rehabilitation Facility (IRF)
- ☐ Skilled Nursing Facility (SNF)/ Nursing Home (NH)
- ☐ Acute Care Hospital
- ☐ Home Health (HH)
- ☐ Hospice Care
- ☐ Rural practice
- ☐ Other (*please specify*):

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 measure developer and the TEP chairperson.
- I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means. The TEP is expected to meet virtually twice. The scheduled meetings are as follows:
 - A one hour Pre-TEP Meeting scheduled for early November 2021 (specific date to be determined).
 - One half-day TEP Meeting scheduled for mid-November 2021 (specific date to be determined).
 - Members must be prepared to review preparatory materials shared ahead of the TEP Meeting, which could take up to 8 hours.
- If selected to participate in the TEP, and the measures are submitted to a measure endorsement organization (such as the National Quality Forum [NQF]), I will be available to discuss the measures with the organization or its representatives and work with the measure developer to make revisions to the measures, if necessary.
- If selected to participate in the TEP, I will keep all materials and discussions confidential until such time that CMS authorizes their release.
- I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

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

Signature: _____ Date: _____

Availability for TEP Meeting

To facilitate scheduling, please indicate the date(s) on which you would be available to attend the Pre-TEP meeting and the half-day TEP meeting.

1. Date:
2. Date:
3. Date:

Additional Comments: