# Technical Expert Panel (TEP) Nomination Form

**Project Name: Development of ESRD Functional Status Quality Measures**

## 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 the Centers for Medicare & Medicaid Services (CMS), the University of Michigan Kidney Epidemiology and Cost Center (UM-KECC) must ensure balance, independence, objectivity, and scientific rigor in its measure development activities.
* Send completed and signed TEP Nomination form, statement of interest, and CV to UM-KECC with “Nomination” in the subject line at jmsto@umich.edu. Due by close of business January 31, 2014 (eastern time).

Potential TEP members must be aware that participation on the Technical Expert Panel is voluntary. As such, individuals wishing to participate on the TEP should understand that their input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If a participant has disclosed private, personal data by their own choice, then that material and those communications are not deemed to be covered by patient-provider confidentiality. If potential patient participants wish to keep their names confidential, that request can be accommodated. Any questions about confidentiality will be answered by UM-KECC.

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.

## 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):

E-mail 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):

E-mail 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.

1. 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 measure contractor and the TEP chair.
* It is anticipated that there will be one in-person meeting, in addition to three conference calls required. I am able to commit to attending at least 90 percent of all TEP meetings (in person or by teleconference).
* If selected to participate in the TEP and the measures are submitted to a measure endorsement organization (such as the National Quality Forum) for approval, I will be available to discuss the measures with the organization or its representatives and work with the measure contractor to make revisions to the measures, if necessary.
* I understand that my participation on the Technical Expert Panel is voluntary. As such, I understand that my input will be recorded in the meeting minutes. Proceedings of the TEP will be summarized in a report that is disclosed to the general public. If I have disclosed private, personal data by my own choice, then that material and those communications are not deemed to be subject to any confidentiality laws.

For patient participants only:

I wish to keep my name confidential *Yes / No .*

* 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 above and agree to abide by it.

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