



TEP Nomination/Disclosure/Agreement Form

Project Name: Physician Quality Reporting System

Measure #134 Screening for Clinical Depression and Follow-Up Plan

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, 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” in the subject line at measures@wvmi.org. Due by close of business July 15, 2011, 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.

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.

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 measure contractor and the TEP chair.
- ◆ It is anticipated that there will be 2 meetings lasting approximately one hour with additional time required for self-directed meeting preparation time of 1-2 hours. 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 measure contractor 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: _____