



Unintended Consequences of Quality Measure Development Technical Expert Panel Nomination Form

Please submit the completed form with required documentation. All nominations must be received by **Friday, December 15, 2017** for consideration.

Name: _____
First Middle Initial Last

Degrees/Certifications: _____

Employer: _____

Title: _____

Preferred mailing address: _____

City/State: _____
City State Zip Code

Preferred telephone: _____

Preferred Email address: _____

Medical Specialty, if applicable: _____

Board Certification(s), if applicable: _____

Nominee's administrative assistant: _____

Phone number: _____ Email address: _____
Administrative assistant's phone number and email address

Nominating Organization (if applicable): _____
Name of organization submitting the nomination

Name: _____ Phone number: _____
Name and phone number of person submitting the nomination

Email address: _____
Email address of person submitting the nomination

Nomination Checklist:

1. Nomination form
2. Biographical sketch
3. Nominee's completed conflict of interest statement

All applications must be received by **Friday, December 15, 2017**. Please send completed application forms to courtney.hurt@thepcpi.org.