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| **NEST Coordinating Center**  [www.nestcc.org](http://www.nestcc.org)  Posting Date: March 9, 2018 |
| Due Date: April 18, 2018 |

**National Evaluation System for health Technology Coordinating Center (NESTcc)**

**Call for Experts for the NESTcc Data Quality and Methods Subcommittees**

**Instructions**

*Please provide the information requested below and send your completed form as a PDF along with any other relevant documentation to* [*NESTcc@mdic.org*](mailto:NESTcc@mdic.org) *by April 18, 2018, 5p.m. EST. This application may be submitted as either a self-nomination or to nominate another individual. If this application is to nominate someone other than yourself, NESTcc reserves the right to share the information in the application with the nominated individual and may reach out to the nominated individual to collect any additional information.*

**Subcommittee**

*Please select one**relevant subcommittee. One application must be completed for each subcommittee nomination.*

Data Quality Subcommittee

Methods Subcommittee

**Nomination**

*Please select one of the following options:*

Self-nomination: I am nominating myself to participate in the selected subcommittee.

Nomination: I am nominating someone other than myself to serve on the selected subcommittee.

**Applicant Information**

*Include the required applicant information. Any additional information may be provided by adding additional fields to the table.*

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| **Required Field** | **Applicant Information** |
| Name of Nominated Individual (First and Last) |  |
| Professional Degree(s) |  |
| Current Title |  |
| Primary Organization Affiliation |  |
| E-mail |  |
| Phone Number |  |
| *Complete the additional rows below only if you are nominating someone other than yourself. The information below should be your information, while the information above should pertain to the nominated individual.* | |
| **Additional Field** | **Nominator Information** |
| Name of Nominator (First and Last) |  |
| Current Title |  |
| Primary Organization Affiliation |  |
| E-mail |  |
| Phone Number |  |

*The application continues on the next page.*

**Overview of Expertise**

*Your responses to sections A – C should not exceed two pages. You are not required to use the full two pages.*

1. **Prior Experience**

* *Describe any relevant prior experience.*
* *Describe any participation in similar efforts that will help spur the development of the NESTcc subcommittee. Similar efforts include, but are not limited to, the PCORI Methodology Committee, PCORnet, MDEpiNet, the Medical Device Registry Task Force, Sentinel, the International Medical Device Regulators Forum (IMDRF), and the Clinical Trials Transformation Initiative (CTTI).*

1. **Stakeholder Perspective**

* *Describe the primary stakeholder perspective you would represent on the subcommittee.*
* *Describe the value of this stakeholder perspective for the success of the subcommittee.*

1. **Alignment to NESTcc Mission**

* *Describe your interest in working with NESTcc to achieve its mission and overall strategic and operating goals.*

**References**

*Please provide up to three references who can speak to your expertise and prior experience participating in similar initiatives.*

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| **Name** | **Relevant Title and Organization** | **E-mail** | **Phone Number** |
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**To learn more about NESTcc, visit our website (**[**www.nestcc.org**](http://www.nestcc.org)**) or email us at** [**NESTcc@mdic.org**](mailto:NESTcc@mdic.org) **with any additional questions.**