

|  |
| --- |
| **NEST Coordinating Center**  [www.nestcc.org](http://www.nestcc.org)  Posting Date: July 27, 2020 |
| Due Date: August 10, 2020 |

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

**Targeted Expansion: Call for Patients/Patient Representatives for NESTcc Active Surveillance Methodology Working Group**

**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 5:00 p.m. ET on August 10, 2020****. 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.*

**Nomination**

*Please select one of the following options:*

Self-nomination: I am nominating myself to serve on the Active Surveillance Methodology Working Group.

Nomination: I am nominating someone other than myself to serve on the Active Surveillance Methodology Working Group.

**Nominee Information**

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

|  |  |
| --- | --- |
| **Required Field** | **Nominee 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 NESTcc’s* *Active Surveillance Methodology Working Group. Similar efforts include, but are not limited to, NESTcc Methods Subcommittee, the PCORI Methodology Committee, PCORnet, MDEpiNet, the Medical Device Registry Task Force, Sentinel, the International Medical Device Regulators Forum (IMDRF), the Clinical Trials Transformation Initiative (CTTI), and the Electrophysiology Predictable and Sustainable Implementation of National Registries (EP PASSION).*

1. **Stakeholder Perspective**

* *Describe the primary stakeholder perspective you would represent on the Working Group.*
* *Describe the value of this stakeholder perspective to the success of the Working Group.*

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.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relevant Title and Organization** | **E-mail** | **Phone Number** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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.**