Technical Expert Panel (TEP) Nomination Form Template

***INSTRUCTIONS:****This form is primarily for measure developers. Please note: All CMS measure contract deliverables must meet accessibility standards as mandated in Section 508 of the Rehabilitation Act of 1973. This template is 508 compliant. You may not change the template format or non-italicized text. Any change could negatively impact 508 compliance and result in delays in the CMS review process. For guidance about 508 compliance, CMS’s* [*Creating Accessible Products*](https://www.cms.gov/es/node/1549751)*[[1]](#footnote-2)* *website may be a helpful resource.*

***NOTE TO NON-CMS-CONTRACTED MEASURE DEVELOPERS OR NON-MEASURE DEVELOPERS****: You may edit the Project Overview language to reflect that your organization does not have a measure development contract; however, you must make it clear that your organization is convening the TEP, not CMS.*

***PLEASE DELETE THIS INTRODUCTORY SECTION (TEXT ABOVE THE LINE) BEFORE SUBMISSION. CMS-CONTRACTED MEASURE DEVELOPERS MUST USE THE MOST CURRENT PUBLISHED VERSION OF ALL TEMPLATES AND SHOULD CHECK THE*** [***CMS MMS HUB***](https://mmshub.cms.gov/) ***FOR UPDATES BEFORE SUBMISSION.***

**Project Title: *List the project title as it should appear on the web posting.***

| **Note to Applicant/Nominee: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.** |
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**Instructions:**Applicants/nominees must submit these documents **with this completed and signed form*:***

1. A letter of interest (not to exceed two pages) highlighting experience/knowledge relevant to the TEP objectives and involvement in measure development.
	* There is no expectation for consumer/patient/family (caregiver) applicants/nominees to have experience in measure development. These applicants can describe their interest in the topic.
2. Acurriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
	* There is no requirement for consumer/patient/family (caregiver) applicants/nominees to submit a CV.

**Send this completed and signed TEP Nomination Form, letter of interest, and CV** to *measure developer name* with “Nomination” in the subject line to *email address*. The documents are due by close of business *date and time* Eastern Time.

**Applicant/Nominee Information (Self-nominations are acceptable):**

Name and credentials, if any (e.g., degrees, certifications) Click or tap here to enter text.

**For patient/family (caregiver) participants only:** I wish to keep my name confidential. [ ]  Yes [ ]  No

Professional role or title (e.g., patient, family, caregiver, physician, measure developer):

Click or tap here to enter text.

Organizational affiliation: (Employer or organization you represent, if any.) Click or tap here to enter text.

Applicant’s preferred mailing address (may be business or residential):

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

**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 you have notified the nominee of this action and they are agreeable to serving on the TEP.

Name and credentials, if any (e.g., degrees, certifications) Click or tap here to enter text.

**For patient/family (caregiver) participants only:** I wish to keep my name confidential. [ ]  Yes [ ]  No

Professional role or title: (e.g., patient, family, caregiver, physician, measure developer)

Click or tap here to enter text.

Organizational affiliation, if any: (Employer or organization you represent.) Click or tap here to enter text.

Nominator’s preferred mailing address (business or residential):

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

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

The nominee must submit the remainder of the nomination package within the specified period for consideration.

**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, describe (for example, grant/research support, consultant, speaker’s bureau, major stock shareholder, or other financial or material support). Include the name of the corporation/ organization). Click or tap here to enter text.

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, describe the type of intellectual interest and the name of the organization/group:
Click or tap here to enter text.

**Applicant/Nominee’s Participation on the TEP (select all that apply):**

[ ]  The applicant will serve in the capacity of a clinical or methodological expert.

[ ]  The applicant will serve in the capacity of a patient.

[ ]  The applicant will serve in the capacity of a family member or caregiver of a patient.

**Applicant/Nominee’s Area(s) of Expertise or Perspective(s) (select all that apply):**

[ ]  *Insert topic area, as many as applicable.*

[ ]  *Insert topic area, as many as applicable.*

[ ]  *Insert topic area, as many as applicable.*

[ ]  Other (specify): Click or tap here to enter text.

**Applicant/Nominee’s Professional Category (select all that apply):**

[ ]  primary care/general practitioner/internist

[ ]  physician specialist (specify): Click or tap here to enter text.

[ ]  non-physician clinician (specify): Click or tap here to enter text

[ ]  patient or caregiver (specify): Click or tap here to enter text

[ ]  other (specify): Click or tap here to enter text.

**Applicant/Nominee’s Health Care Setting Experience (select all that apply):**

[ ] individual or small group practice

[ ]  large group practice

[ ]  accountable care organization

[ ]  managed care

[ ]  hospital- or facility-based practice

[ ]  palliative care/hospice

[ ]  rural practice

[ ]  other (specify): Click or tap here to enter text.

[ ]  not applicable

**Applicant/Nominee’s Agreement:**

* + If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify the *measure developer* and the *name of TEP chairperson.*
	+ I anticipate there will be an *approximate required time commitment.* I am able to commit to attending TEP meetings in person, by teleconference, or by mutually agreed-upon alternative means.
	+ *Omit this bullet for TEPs not focused on measure development.* If selected to participate in the TEP, and the measure developer submits measures to a measure endorsement organization. I will be available to discuss the measures with the organization or its representatives and work with the measure developer to revise the measures, if necessary.
	+ If selected to participate in the TEP, I will keep all materials and discussions confidential, including not sharing within my organization, until such time that CMS authorizes their release.
	+ I understand participation is voluntary and my input will be recorded in the meeting minutes.
	+ I understand proceedings of the TEP will be summarized in a report that may be disclosed to the public.
	+ I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the Applicant/Nominee’s Agreement and agree to abide by it.

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

**Availability for In-Person Meeting** *Optional to include if potential meeting dates are known.*

To facilitate scheduling, please indicate any date(s) on which you would be available to attend a *length of meeting* in *location. TEP organizer/measure developer* will assist with travel arrangements.

1. Date: Click or tap here to enter text.
2. Date: Click or tap here to enter text.
3. *Add additional dates as appropriate.*

Additional Comments:

Click or tap here to enter text.

1. Centers for Medicare & Medicaid Services. (n.d.). *Creating accessible products*. Retrieved November 2, 2023, from <https://www.cms.gov/es/node/1549751> [↑](#footnote-ref-2)