

THE NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Patient Outcomes

CARDIOVASCULAR TECHNICAL ADVISORY PANEL MEMBER: INTERVENTIONAL CARDIOLOGIST

NOMINATION FORM

Nominations are not valid for consideration unless all form fields are complete. Please verify your nominee's contact information before submitting the nomination. If you are nominating multiple individuals, you must submit a complete form for each nominee. Please submit the completed form, the nominee's CV or resume (max 20 pages), a 100 word maximum biography, and a 2 page letter of interest written by you or the nominee summarizing relevant expertise and knowledge. Only electronic submissions are accepted and should be sent to outcomes@qualityforum.org, subject line "Nomination".

Nominee Information

Prefix	
First and Last Name	
Suffix (MD, PhD, etc)	
Title	
Organization	
NQF Member Council	
Mailing Address	
City	
State (abbreviation)	
ZIP	
Fedex Address (if different from above)	
Telephone:	
Fax:	
Email:	

Nominator Information

Prefix	
First and Last Name	
Suffix (MD, PhD, etc)	
Title	
Organization	
NQF Member Council	
Mailing Address	
City	
State	
ZIP	
Fedex Address (if different from above)	
Telephone:	
Fax:	
Email:	

NOMINATIONS DUE BY MONDAY, DECEMBER 21, 2009 6:00 PM EST