**Regionalized Emergency Medical Care Services: Phase I**

**Steering Committee Member 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 two-page letter of interest written by you or the nominee summarizing relevant expertise and knowledge, and a completed Disclosure of Interest form completed by the nominee. Only electronic submissions are accepted and should be sent to emergencyservices@qualityforum.org, subject line “REMCS Framework Nomination”.

**Nominee Information**

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

**Nominator Information**

|  |  |
| --- | --- |
| Prefix | Click here to enter text. |
| First and Last Name | Click here to enter text. |
| Suffix (MD, PhD, etc) | Click here to enter text. |
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