**National Voluntary Consensus Standards for Healthcare Acquired Conditions**

**and Serious Reportable Events in Healthcare**

**technical advisory panel 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), 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 [SeriousReportableEvents@qualityforum.org](mailto:seriousreportableevents@qualityforum.org), subject line “TAP 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 |  |
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| Email: |  |