



## CQMC NEW MEMBER APPLICATION

If your organization is interested in joining the Core Quality Measures Collaborative, please fill out the information requested below and submit this form to [cqmc@qualityforum.org](mailto:cqmc@qualityforum.org). A CQMC representative will be in touch with you shortly.

**ORGANIZATION NAME**

**ADDRESS**

**CITY**

**STATE**

**ZIP CODE**

**ORGANIZATION WEB SITE URL**

**PRIMARY POINT OF CONTACT**

**EMAIL ADDRESS**

**PHONE**

**SECONDARY POINT OF CONTACT (if applicable)**

**EMAIL ADDRESS**

**PHONE**

**Please briefly describe why your organization is interested in joining the CQMC:**

**Please briefly describe your organization's experience with consensus-based quality measure activities (e.g., membership in multi-stakeholder quality-focused organizations, development of measure sets for use in value-based payment arrangements, etc.):**

**CQMC Workgroup(s) interested in participating (check all that apply)**

ACO/ PCMH/PRIMARY CARE

MEDICAL ONCOLOGY

CARDIOLOGY

OBSTETRICS AND GYNECOLOGY

GASTROENTEROLOGY

ORTHOPEDICS

HIV/HEPATITIS C

PEDIATRICS

For more information, visit [www.qualityforum.org/cqmc](http://www.qualityforum.org/cqmc)