



NATIONAL  
QUALITY FORUM

## BOARD OF DIRECTORS 2013 NOMINATION FORM

Please complete all fields. Self nominations are welcomed. Please read the full call for nominations and the statement of summaries and responsibilities before completing this nomination. All nominations **MUST** be submitted by **6:00 pm ET on Thursday, June 20, 2013.**

Please note that directors serve as individuals and not stakeholder representatives.

Candidate Contact Information	
Name:	
Title:	
Organization:	
Address:	
Telephone:	
Fax:	
Email:	

### Perspectives/Areas of Experience (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Consumer                       | <input type="checkbox"/> Hospital/Healthcare Delivery System |
| <input type="checkbox"/> Purchaser                      | <input type="checkbox"/> Health Plan                         |
| <input type="checkbox"/> Public/Community Sector Leader | <input type="checkbox"/> Supplier/Industry                   |
| <input type="checkbox"/> Healthcare Professional        | <input type="checkbox"/> Research/Quality Improvement        |
| <input type="checkbox"/> Other                          | <input type="checkbox"/> Healthcare Financing and Payment    |

If Other, Please Describe:

**Primary Field and Area of Specialization or Expertise:**

--

**Past and Current Contributions to NQF:**

--

**Current Employment/Professional Responsibilities:**

--

**Principal Previous Employment:**

--

**Relevant Major National Leadership Positions, Societies, and Boards:**

--

**Nominator's or Candidate's Statement – Why should this candidate be considered?**

--

**Brief Biography**  
 (Please insert below or attach a brief, 1-page biography of the candidate)

--	--

Self Nomination:             Yes  
     No

<b>Nominator or Candidate Signature:</b>	
<b>Nominator or Candidate Name:</b>	

<b>Nominator Affiliation &amp; Contact Information (if other than the candidate):</b>	
Name:	
Title:	

Organization:	
Address:	
Telephone:	
Fax:	
Email:	