

THE NATIONAL QUALITY FORUM

National Voluntary Consensus Standards for Development of a Framework for Measuring Quality for Prevention and Management of Pressure Ulcers

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 completed form for each nominee. Please submit the completed form, the nominee's CV or resume (max 20 pages), a 2-page letter of interest summarizing relevant expertise and knowledge and a conflict of interest form completed and signed by the nominee. Only electronic submissions are accepted and should be sent to pressureulcer@qualityforum.org with "Nomination-Pressure Ulcer" in the subject line.

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:	— — x
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	

NOMINATIONS DUE BY MONDAY, NOVEMBER 13, 2008 6:00 PM EDT

different from above)	
Telephone:	- - x
Fax:	- -
Email:	

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