Technical Expert Panel Nomination Form

**Misdiagnosis of Urinary Tract Infection (UTI) in Women**

| ***Note to Applicant/Nominee*: Please read the Technical Expert Panel (TEP) Charter for more information about the project and TEP participant requirements. Please attach additional pages if necessary.** |
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**Instructions:**Applicants/nominees must submit these documents **with this completed and signed form*:***

1. A letter of interest (not to exceed 2 pages) highlighting lived experience with antimicrobial resistant infections, c. difficile, asymptomatic bacteriuria, or urinary tract infections; and/or knowledge relevant to the TEP objectives and involvement in measure development.
   * There is no expectation that consumer/patient/family (caregiver) applicants/nominees have experience in measure development. These applicants can describe their interest in the topic.
2. Acurriculum vitae (CV) or a summary of relevant experience (including publications) for a maximum of 10 pages.
   * There is no requirement for consumer/patient/family (caregiver) applicants/nominees to submit a CV.

**Send this completed and signed TEP Nomination Form, letter of interest, and CV** to with “Nomination” in the subject line to [MooreProject-AIR-IDSA@air.org](mailto:MooreProject-AIR-IDSA@air.org). The documents are due by **5pm Eastern time on Tuesday, February 8, 2022.**

**Applicant/Nominee Information (Self-nominations are acceptable):**

Name and credentials, if any (degrees, certifications, etc.) Click or tap here to enter text.

**For patient/family (caregiver) participants only:** I wish to keep my name confidential.  Yes  No

Professional role or title (patient, family, caregiver, physician, measure developer, etc.):

Click or tap here to enter text.

Organizational affiliation: (Employer or organization you represent, if any.) Click or tap here to enter text.

Applicant’s preferred mailing address (may be business or residential):

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

**Person Recommending the Nominee:**

Complete this section only if you are nominating a third party for the TEP. You must sign this form and attest that you have notified the nominee of this action and they are agreeable to serving on the TEP.

Name and credentials, if any (degrees, certifications, etc.) Click or tap here to enter text.

**For patient/family (caregiver) participants only:** I wish to keep my name confidential.  Yes  No

Professional role or title: (patient, family, caregiver, physician, measure developer, etc.)

Click or tap here to enter text.

Organizational affiliation, if any: (Employer or organization you represent.) Click or tap here to enter text.

Nominator’s preferred mailing address (business or residential):

Street: Click or tap here to enter text.

City/State/Zip: Click or tap here to enter text.

Telephone: Click or tap here to enter text. Email: Click or tap here to enter text.

I attest that I have notified the nominee of this action and that the nominee is agreeable to serve on the TEP.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The nominee must submit the remainder of the nomination package within the specified period for consideration.

**Applicant/Nominee’s Participation on the TEP (select all that apply):**

The applicant will serve in the capacity of a clinical or methodological expert.

The applicant will serve in the capacity of a patient.

The applicant will serve in the capacity of a family member or caregiver of a patient.

**Applicant/Nominee’s Area(s) of Expertise or Perspective(s) (select all that apply):**

The applicant represents a diverse cultural, intellectual, methodological, economic, or geographical background, and/or ethnic custom, values, and perspectives.

Please specify: Click or tap here to enter text.

The applicant will serve in the capacity of a clinical infectious disease expert.

The applicant will serve in the capacity of an allied clinical specialty expert (primary care, ob-gyn, emergency medicine).

The applicant is from an IDSA Antimicrobial Stewardship Center of Excellence (COE).

The applicant is from an IDSA Committee (i.e. IDSA Quality Improvement Committee).

Other (specify): Click or tap here to enter text.

**Applicant/Nominee’s Professional Category (select all that apply):**

primary care/general practitioner/internist

physician specialist (specify): Click or tap here to enter text.

non-physician clinician (specify): Click or tap here to enter text

other (specify): Click or tap here to enter text.

**Applicant/Nominee’s Health Care Setting Experience (select all that apply):**

individual or small group practice

large group practice

accountable care organization

managed care

hospital- or facility-based practice

rural practice

vulnerable, underserved, or special populations practice

Please specify: Click or tap here to enter text.

other (specify): Click or tap here to enter text.

not applicable

**Applicant/Nominee’s Agreement:**

* + If my conflict of interest status changes at any time during my service as a member of this TEP, I will notify the American Institutes for Research (AIR) and the Infectious Diseases Society of America (IDSA) at [MooreProject-AIR-IDSA@air.org](mailto:MooreProject-AIR-IDSA@air.org).
  + It is anticipated that there will be a quarterly TEP meeting among approved members. I am able to commit to attending TEP meetings by teleconference, or by mutually agreed-upon alternative means.
  + If selected to participate in the TEP, I will keep all materials and discussions confidential, until such time that AIR, IDSA, and the Moore Foundation authorizes their release.
  + I understand that participation is voluntary and that my input will be recorded in the meeting minutes.
  + I understand that proceedings of the TEP will be summarized in a report that may be disclosed to the public.
  + I have read the TEP Charter for information on participation, conflict of interest, and financial disclosure.

I have read the above and agree to abide by it.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability for Meeting**

To facilitate scheduling, please note that the 90-minute TEP meetings via zoom are tentatively planned during these following time windows*.*

1. 3/7/2022 – 3/11/2022

Please check the box for any times you can be available for TEP Meeting #1 (all times in Eastern time):

Monday, March 7, 2022: 1-2:30pm ET

Monday, March 7, 2022, 1:30-3pm ET

Wednesday, March 9, 2022, 2:30-4pm ET

Thursday, March 10, 2022, 2:30-4pm ET

Friday, March 11, 2022, 3-4;30pm ET

1. 7/11/2022 – 7/15/2022
2. 10/17/2022 – 10/28/2022
3. 1/16/2023 – 1/27/2023
4. 3/20/2023 – 3/30/2023
5. 5/15/2023 - 5/25/2023

Additional Comments:

Click or tap here to enter text.