**CADTH HEALTH TECHNOLOGY EXPERT REVIEW PANEL**

**Nomination Form**

**Instructions**

Background materials, including the Terms of Reference, are available on the CADTH website at <https://www.cadth.ca/collaboration-and-outreach/advisory-bodies/health-technology-expert-review-panel>

Completed nomination packages must be submitted to CADTH, addressed to the attention of Cheryl Holmes, Committee Services, either directly by the nominator or by the nominee no later than **4:00 p.m. EDT** on **Thursday, April 7, 2016**, via Email: committeenominations@cadth.ca or Fax: (613) 226-5392.

Should you have questions, please submit by email to committeenominations@cadth.ca

Note that applications must include the following:

[ ]  Completed Nomination Form, signed and dated

[ ]  Nominee’s curriculum vitae

[ ]  Signed Conflict of Interest Disclosure Form(s)

[ ]  Signed Code of Conduct Form.

**Please provide the following information as part of the application to the Health Technology Expert Review Panel:**

|  |
| --- |
| **Nominator Information (not required for self-nomination)** |
| Name |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information**  |
| Address |  |
| Telephone |  |
| Email |  |
| **Background** |
| Occupation and employer |  |
| Professional designation(s) |  |
| Area(s) of specialization (if applicable) |  |
| Relationship to nominee |  |
| **Nominee Information** |
| Name |  |
| Salutation |  |
| First |  |
| Last |  |
| **Contact Information**  |
| Address |  |
| Telephone |  |
| Email |  |
| **Background** |
| Occupation and employer |  |
| Professional designation(s) |  |
| Area(s) of specialization (if applicable) |  |
| **Nomination Details** |
| Nomination for | [ ] Core Member |
| ***Please note that the appointment term is two (2) years.*** |

**Provide a brief overview of the qualifications of the nominee (maximum 300 words).**

**Provide a brief rationale for this nomination (maximum 300 words).**

**References**

This section applies to a self-nominating candidate. Please provide information for at least two references.

|  |
| --- |
| **Reference #1** |
| **Name** |
| Salutation |  |
| First |  |
| Last |  |
| **Contact information**  |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to nominee |  |
| **Reference #2** |
| **Name** |
| Salutation |  |
| First |  |
| Last |  |
| **Contact information**  |
| Address |  |
| Telephone |  |
| Email |  |
| Relationship to nominee |  |

**For Nominator, if applicable:**

**Signature of Nominator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Nominee:**

**[ ]  I agree to allow my name to stand for nomination to CADTH’s Health Technology Expert Review Panel. I have reviewed the nomination package and understand the rol****es and responsibilities of the Panel’s members.**

**[ ]  I acknowledge that if I am appointed to the Health Technology Expert Review Panel, this form and all other materials received by CADTH as part of the nomination will be kept on file. If I am not appointed to the Health Technology Expert Review Panel, all materials received by CADTH as part of my nomination will be destroyed.**

**Signature of Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**