



Department of Defense
U.S. Army Medical Research and Materiel Command
Congressionally Directed Medical Research Programs

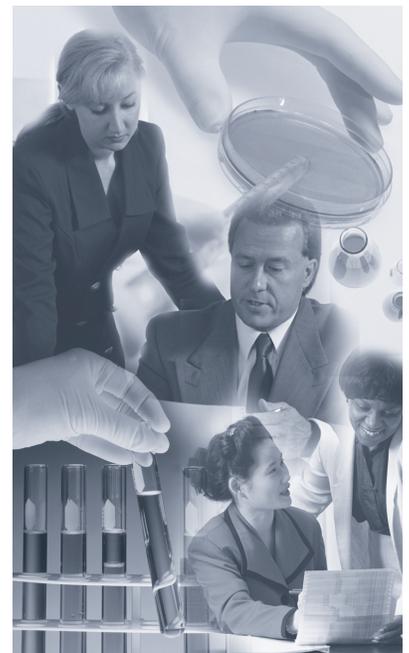


CONSUMER NOMINATION FORM FOR SCIENTIFIC PEER REVIEW

Guidance to Nomination Organizations... *How to Nominate a Consumer Reviewer*

- STEP 1:** Review the consumer peer reviewer requirements.
- STEP 2:** Identify new consumers whom you would like to nominate.
- STEP 3:** Have your nominees complete Part II of this nomination form.
- STEP 4:** Prepare a letter of support for each nominated consumer highlighting his or her participation in advocacy, commitment to learning about and sharing scientific and medical information, communication skills, participatory skills, and ability to represent his/her community's perspective.
- STEP 5:** Review the final nomination package to ensure it is complete.
The package for each nominee must contain:
- ◆ a completed nomination form (Parts I and II)
 - ◆ the nominee's personal statement on advocacy and education
 - ◆ your letter of support
 - ◆ the nominee's current resumé (volunteer, community, or employment experience) or curriculum vitae
- STEP 6:** Submit the final nomination package to:

Congressionally Directed Medical Research Programs
Consumer Participation in Peer Review
Attn: Ms. Marilyn Toms
1053 Patchel Street
Fort Detrick, MD 21702-5024
cdmrp.consumers@det.amedd.army.mil
Fax: 301-619-7792





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PART I: SPONSOR INFORMATION
 (To be completed by nominating organization.)

Sponsor's Name: _____ Title: _____

Sponsor's Organization: _____

Street Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code (+4): _____

Phone: () _____ Fax: () _____

E-mail Address: _____

Nominee's Name: _____

PART II: NOMINEE INFORMATION
 (The following information is to be provided by the nominee.)

Nominee's Name: _____

Street Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code (+4): _____

Home Phone: () _____ Home Fax: () _____

Work Phone: () _____ Work Fax: () _____

E-mail Address: _____

Occupation: _____

Survivorship: Are you a: Breast Cancer Survivor Prostate Cancer Survivor Ovarian Cancer Survivor
 Do you have: NF1 NF2 Do you have a family member with: NF1 NF2
 Do you have tuberous sclerosis? Yes No Do you have a family member with tuberous sclerosis? Yes No

Peer Review Experience: Have you served on a peer review panel before? Yes No
 If yes, indicate dates of service and organization: _____

PART II: NOMINEE INFORMATION (CONT.)

(The following information is to be provided by the nominee.)

Required: PERSONAL STATEMENT ON ADVOCACY AND EDUCATION

Describe your activities in advocacy and other community groups in no more than 2 pages by addressing the following questions. **Please attach to this form.**

- ◆ What is the name and mission of the advocacy/community group that nominated you, and what is your role in this group?
- ◆ What other community groups are you actively involved in and what are your roles in these groups?
- ◆ How would you represent the group that nominated you?
- ◆ How do you keep informed about issues or developments related to your disease?
- ◆ How have you educated yourself and what resources do you routinely use (e.g., seminars, classes, journals, support groups, internet, and library)?
- ◆ What can you contribute to the scientific peer review?
- ◆ If you have served in peer review before, what were your experiences and how do you feel they have benefited others?

Required: CURRENT RESUME Please attach to this form.

***** **Demographic Information** *****

Highest Degree Attained: High School/equivalent B.A./B.S. J.D.
 A.A. M.A./M.S. Other _____
 R.N. Ph.D./equivalent

Ethnicity: American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
(optional) Asian White
 Black or African American Other _____
 Hispanic or Latino

Date of Birth (optional): Month: _____ Day: _____ Year: _____
