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| **Adoption of ANDHII Subcommittee Application / Questionnaire** |

Thank you for your interest in serving on a Nutrition Care Process Subcommittee. To be considered for this volunteer leadership opportunity, please complete this form and send this application accompanied by your résumé/CV to ncp@eatright.org. Please note: the term length of this Subcommittee is expected to be 6 months to 2 years.

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| Full Name: | Country in which you reside and work: |
|       |       |
| Title: | Professional Affiliation: |
|       |       |
| Mailing Address | Email:  |
|       |       |
|       | Telephone number: |
|       |       |
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| **In which of the below areas do you have prior experience, select all that apply:** |
| [ ]   | Registry and/or quality reporting programs, e.g. the Physicians Quality Reporting System (PQRS) |
| [ ]  | Quality and/or process improvement in dietetics practice  |
| [ ]  | Disseminating new practice concepts, e.g. Nutrition Care Process and Terminology |
| [ ]  | Integrating structured outcomes monitoring into practice, e.g. electronic health record templates and reports |
| [ ]  | Use or implementation of ANDHII in practice or education |
| **Describe your experiences indicated above:** |
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| **What is your future interest in working with ANDHII, the Academy of Nutrition and Dietetics Health Informatics Infrastructure, select all that apply:** |
| [ ]  | I am interested in promoting the use of ANDHII in dietetics practice |
| [ ]  | I am interested in participating in ANDHII software and policy development and testing |
| [ ]  | I am interested in advocating for interoperability and health information exchange between ANDHII and electronic health records |
| Other: |       |
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| **Please state why you are interested in serving on the ANDHII Workgroup.** |
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| **I can commit to attending one hour teleconferences at the following time:****[Please consult** [**timeanddate.com**](http://www.timeanddate.com/worldclock/converter.html) **for time conversion]** |
| * 3:00 pm CST
 | [ ]  Yes | [ ]  No | Comments:       |
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| **Are you actively involved in research?****(Please provide details below)** | [ ]  Yes | [ ]  No |
|       |
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| **Are you formally involved in teaching?****(Please provide details below)** | [ ]  Yes | [ ]  No |
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| **What professional organization(s) would you be representing?** |
|       |
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| **Has confirmation from the professional organization(s) you listed above been obtained?** |
| [ ]  Yes | Comments:       |
| [ ]  No |
| [ ]  Not applicable |
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| **Please include the specific contact details of the authorizing individual below:** |
| Full Name:       | Position:       |
| Email Address:       | Phone number:       |
| Postal Address:  |       |
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