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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](mailto: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: | |
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| Title: | | | | | | | | | Professional Affiliation: | |
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| Mailing Address | | | | | | | | | Email: | |
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|  | | | | | | | | | 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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