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| **International Subcommittee Application / Questionnaire** |

Thank you for your interest in serving on the International Nutrition Care Process Research Outcomes (NCPRO) Subcommittee. To be considered for this three-year term, volunteer leadership opportunity, please complete this form and send this application accompanied by your **résumé/CV** **and letter of support from your national dietetic association** to ncp@eatright.org.

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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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| **What is your experience with NCPT (Nutrition Care Process Terminology). Please select all that apply:** |
| [ ]   | I use terminology in practice |
| [ ]  | I have been involved in NCP terminology development |
| [ ]  | I teach use of the terminology to students |
| [ ]  | I provide workshops teaching professionals how to use the NCPT |
| Other: |       |
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| **What is your future interest in working with the NCPT, select all that apply** |
| [ ]  | I am interested in promoting use of the NCPT in my country |
| [ ]  | I am interested in participating in NCP Terminology Development |
| [ ]  | I am interested in advocating for improved nutrition terminology in SNOMED-Clinical Terms |
| Other: |       |
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| **Please state why you are interested in serving on the NCPRO International Subcommittee.** |
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| **I can commit to attending one hour teleconferences at the following times:****[Please consult** [**timeanddate.com**](http://www.timeanddate.com/worldclock/converter.html) **for time conversion]** |
| * 1400 UTC
 | [ ]  Yes | [ ]  No | Comments:       |
| * 2100 UTC
 | [ ]  Yes | [ ]  No | Comments:       |
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| **I can commit to attending a face to face meeting in the United States (likely Chicago, IL) in June each year (travel is not at the Academy’s expense)?** |
| [ ]  Yes | Comments:       |
| [ ]  No |
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| **What is your experience with use of nutrition terminology within the electronic health record?** |
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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 national dietetic association/professional organization(s) would you be representing?** |
|       |
| Comments:       |