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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](mailto:ncp@eatright.org).

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| Full Name: | | | | | | | Country in which you reside and work: | |
|  | | | | | | |  | |
| Title: | | | | | | | Professional Affiliation: | |
|  | | | | | | |  | |
| Mailing Address | | | | | | | Email: | |
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|  | | | | | | | 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: |  | | | | | | | |
|  | | | | | | | | |
| **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: | | | |
|  | | | | | | | | |
| **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?** | | | | | | | | |
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| Comments: | | | | | | | | |