



# Application Form 2015

This PDF is for informational purposes only. To complete an application please go to the online application form available at <http://www.pcori.org/content/advisory-panel-application>.

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**1) Please provide the following information.\***

First Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_  
ZIP Code: \_\_\_\_\_

**2) State/Province/Region\***

**3) Country\***

**4) Primary Phone Number**

*Format: XXX XXX XXXX*

*Please only use numeric characters\**

\_\_\_\_\_

**5) Alternate Phone Number**

*Only used in case of emergency*

\_\_\_\_\_

**6) Primary Email Address\***

\_\_\_\_\_

**7) Secondary Email Address**

*Only used in case of emergency*

\_\_\_\_\_

**8) Assistant Contact Information**

**Full Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_



**9) Gender\***

- Male
- Female
- Prefer not to disclose

**10) Age\***

- Under 25
- 25 to 49
- 50 to 64
- 65 +
- Prefer not to disclose

**11) Race/Ethnicity\***

- Asian/Pacific Islander
- Black/African-American
- Caucasian/White
- Native American/Alaska Native
- Other/Multi-Racial
- Prefer not to disclose

**12) Are you Hispanic/Latino?\***

- Yes
- No
- Prefer not to disclose

**12) Current Employer\***

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**13) Current Position**

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**14) Are you currently employed by the federal government?**

*Note: For the United States this includes dual appointments with VA hospitals.\**

- Yes
- No

**15) Are you a United States citizen?\***

- Yes
- No

**16) Are you a resident of the United States?\***



- Yes
- No

**17) What is your highest level of education?\***

- High School (1-4 years, no degree)
- High School Degree (or equivalent)
- Some College (1-4 years, no degree)
- Associate's Degree (including occupational or academic degrees)
- Bachelor's Degree (BA, BS, AB, etc.)
- Master's Degree (MA, MS, MENG, MSW, etc.)
- Professional School Degree or Doctorate Degree (MD, DDC, JD, PhD, EdD, etc.)

**18) Indicate the categories with which you identify OR represent.**

*This list represents "hard-to-reach" or lesser-studied populations.*

*PCORI respects your decision to omit an answer to this question.*

- Racial and ethnic minority groups
- Low-income groups
- Women
- Older adults (age 65 and older)
- Residents of rural areas
- Individuals with special healthcare needs, including individuals with disabilities
- Individuals with multiple chronic diseases
- Individuals with rare diseases
- Individuals whose genetic make-up affects their medical outcomes
- Patients with low health literacy/numeracy and limited English proficiency
- Lesbian, gay, bisexual, transgender (LGBT) persons
- Patients with low health literacy/numeracy
- None of the Above

**19) Which disease/condition area do you represent?\***

- Allergies/Immune Disorders
- Blood Disorders
- Cancer
- Cardiovascular Health
- Dental Health
- Dermatology
- Digestive Disorders
- Ear/Nose/Throat Diseases
- Eye Diseases
- Genetic Disorders/Rare Diseases
- Infectious Diseases
- Kidney Disease
- Liver Diseases
- Mental/Behavioral Health
- Muscular/Skeletal Health
- Nervous System Disorders



- Nutritional/Metabolic Disorders
- Reproductive/Perinatal Health
- Respiratory Diseases
- Trauma/Injury
- Urinary Disorders
- Other (please specify): \_\_\_\_\_\*
- N/A

**20) Indicate the advisory panel(s) for which you are applying.\***

- Addressing Disparities
- Improving Healthcare Systems
- Assessment of Prevention, Diagnosis, and Treatment Options
- Patient Engagement
- Clinical Trials
- Rare Disease

**21) Please rank your order of preference for the panels on which you would like to serve.\***

- \_\_\_\_\_ Addressing Disparities
- \_\_\_\_\_ Improving Healthcare Systems
- \_\_\_\_\_ Assessment of Prevention, Diagnosis, and Treatment Options
- \_\_\_\_\_ Patient Engagement
- \_\_\_\_\_ Clinical Trials
- \_\_\_\_\_ Rare Disease

**22) Indicate the categories with which you identify.**

*Select all that apply.\**

- Patient/Consumer
- Caregiver/Family Member of Patient
- Patient/Caregiver/Advocacy Organization
- Clinician (e.g. nurse, physician, or an organization that represents clinicians)
- Hospital/Health System (e.g. federally qualified health center (FQHC), rural health clinic, or an organization that represents hospitals/health systems)
- Purchaser (e.g. employer or an organization that represents purchaser)
- Payer (e.g. health insurer, Medicaid, or an organization that represents payers)
- Industry (e.g. device or pharmaceutical manufacturer, or an organization that represents industry)
- Health Research (e.g. think tank, academic researcher, or an organization that represents researchers)
- Policy Maker (e.g. state legislator, US Congress, executive agency employee, or an organization that represents policy makers)
- Training Institution (e.g. academic medical center, residency program, or an organization that represents training institutions)
- Other (please specify): \_\_\_\_\_\*



**23) Indicate the categories of "Caregiver" with which you identify.**

*Select all that apply.*

- Spouse of Patient
- Parent of Patient
- Child of Patient
- Other (please specify): \_\_\_\_\_ \*

**24) Indicate the categories of "Clinician" with which you identify.**

*Select all that apply.*

- Primary Care Physician
- Specialty Physician
- Nurse
- Nurse Practitioner
- Physician Assistant
- Mental Health Professional
- Physical Rehabilitation Specialist
- Organization Representing Clinicians
- Other (please specify): \_\_\_\_\_ \*

**25) Indicate the categories of "Hospital/Health System" with which you identify.**

*Select all that apply.*

- Public Hospital
- Private Hospital
- Public Health System
- Private Health System
- Community Health Center/FQHC/FQHC look-alike
- Other Safety-Net Clinic
- Urgent Care
- Retail Health Center
- Organization Representing Hospitals/Health Systems
- Other (please specify): \_\_\_\_\_ \*

**26) Indicate the categories of "Purchaser" with which you identify.**

*Select all that apply.*

- Large Employer (50 employees or more)
- Small Employer (less than 50 employees)
- Regional, State or Local Business Coalition (please specify): \_\_\_\_\_
- National Business Coalition (please specify): \_\_\_\_\_
- Other (please specify): \_\_\_\_\_ \*

**27) Indicate the categories of "Payer" with which you identify.**

*Select all that apply.*

- Private Health Insurer
- Public Health Insurer



- Organization Representing Payers
- Other (please specify): \_\_\_\_\_ \*

**28) Indicate the categories of "Industry" with which you identify.**

*Select all that apply.*

- Devices
- Diagnostics
- Durable Medical Equipment
- Health Services Consulting
- Pharmaceutical
- Organization Representing Industry
- Other (please specify): \_\_\_\_\_ \*

**29) Indicate the categories of "Health Research" with which you identify.**

*Select all that apply.*

- Academic Research
- Research in Government Setting
- Private Research Institution
- Research in Other Setting
- Organization Representing Researchers
- Other (please specify): \_\_\_\_\_ \*

**30) Indicate the categories of "Policy Maker" with which you identify.**

*Select all that apply.*

- US Congress (member or staff)
- State Legislature
- State Legislative Staff
- State Executive Agency
- Local Government
- Organization Representing Policy Makers
- Other (please specify): \_\_\_\_\_ \*

**31) Indicate the categories of "Training Institution" with which you identify.**

*Select all that apply.*

- Academic Medical Center
- Nursing School
- Other Health Profession Institution
- Residency Program
- Organization Representing Training
- Other (please specify): \_\_\_\_\_ \*

**32) Indicate the community that you would primarily represent on the advisory panel(s) for which you are applying.\***

- Patient/Consumer
- Caregiver/Family Member of Patient
- Patient/Caregiver Advocacy Organization



- Researcher
- Clinician
- Hospital/Health System
- Purchaser
- Payer
- Industry
- Policy Maker
- Training Institution

**33) Indicate the community that you would primarily represent on the Advisory Panel on Clinical Trials.\***

- Patient
- Caregiver/Family Member
- Patient/Caregiver Advocacy Organization
- Clinical Trialist
- Epidemiologist
- Biostatistician
- Medical Informaticist
- Expert in Ethical Dimensions of Clinical Trials
- Practicing/Research Clinician
- Expert in Scientific and Health Services Research
- Experts in Health Services Delivery
- Expert in Integrative Health and Primary Prevention Strategies
- Medical Technology Expert (pharmaceutical, device, etc.)

**34) Indicate the community that you would primarily represent on the Advisory Panel on Rare Disease.\***

- Rare Disease Patient
- Caregiver/Family Member of Rare Disease Patient
- Rare Disease Patient/Caregiver Advocacy Organization
- Practicing/Research Clinician
- Expert in Scientific and Health Services Research
- Experts in Health Services Delivery
- Expert in Evidence-Based Medicine
- Expert in Integrative Health and Primary Prevention Strategies
- Insurers
- Member of the Life Sciences Industry
- Representatives of Employers
- Policy Makers

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## **Advisory Panel on Patient Engagement Questions**

**35) Have you been engaged in PCORI-funded research?\***

- Yes



**36) Please describe your involvement.\***

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**37) Have you been involved in the development of patient-centered clinical trials?\***

Yes

No

**38) Please describe your involvement.\***

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**39) Have you been a participant in a clinical trial?\***

Yes

No

**40) Please describe your involvement.\***

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**41) Have you been involved in the development of processes or frameworks that involve multi-stakeholders in patient-centered research?\***

Yes

No

**42) Please describe your involvement.\***

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**43) Have you been involved in a data research network and data sharing/privacy policy development?\***

Yes

No

**44) Please describe your involvement.\***

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**45) Include professional societies, patient/caregiver organizations, and other organizations relevant to PCORI's mission, as well as trade associations of which your employer is a member.**

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**46) Have you previously been involved with PCORI?**

*Select all that apply.\**

- Joined a PCORI email list
- Visited PCORI's website
- Participated in applicant training
- Watched a PCORI webinar
- Attended a PCORI sponsored event in-person
- Attended an event where PCORI was featured
- Met with PCORI staff
- Met with a PCORI Ambassador
- Applied to be a reviewer of PCORI research funding applications
- Applied for PCORI research funding
- Received a PCORI research funding
- Served as a PCORI Merit Reviewer
- Participated in a PCORI Advisory Panel
- Other (please specify): \_\_\_\_\_\*
- None of the above

**47) Please download the PCORI Conflict of Interest form. Complete the form and rename the file with your full name. Then “Browse” and select the form. Then click “Upload” before you proceed with the remainder of this application form.**

**48) Personal Statement**

**Please provide a personal statement (up to 500 words) that explains your interest in becoming a member of a PCORI Advisory Panel and your commitment to PCORI’s mission and goals. Please describe your experiences or accomplishments that motivated you to support PCORI’s work in this area, sharing why you want to be involved with PCORI.**

*You will only be able to submit one personal statement, even if you are applying for more than one panel.*

**How are you providing your personal statement?\***

- Text Box
- Upload a File

**49) Text Box for Personal Statement\***

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**50) File Upload for Personal Statement\***

**51) Please provide an additional statement (up to 100 words) explaining why you would like to be a part of the Advisory Panel(s) you are applying to and what you are looking forward to gain from the experience.\***

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**52) If selected to serve on one of PCORI’s Advisory Panels, would you be able to attend a one to two day meeting during the week of May 25, 2015?\***

- Yes
- No

**53) With panelists' permission, PCORI includes their bios on our website to highlight the diversity of expertise our panelists offer and how this experience is relevant to each panel’s scope of work. If you are selected, do you permit PCORI to post this to our website?\***

- Yes
  - No
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**54) Please include a bio here. Each bio should be 100 to 150 words long and written in the third person.**

**Please touch on the experiences or accomplishments that motivated you to support PCORI’s work in this area, sharing why you want to be involved with PCORI. To use as reference, [here](#) is a link to PCORI's Board of Governors webpage, which includes a bio for each member.**

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**55) Please provide any of the following supportive documents: resume/Curriculum Vitae/list of relevant experience.**

*You can upload up to 3 documents.*

- \_\_\_\_\_ 1
- \_\_\_\_\_ 1
- \_\_\_\_\_ 2
- \_\_\_\_\_ 1
- \_\_\_\_\_ 2

**56) Please tell us anything else that would help PCORI consider your qualifications as a potential member of an Advisory Panel.**



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