



## - Advisory Panel Application Form -

Please note that this application is intended to collect information from a diverse group of applicants. PCORI strives for inclusiveness and diversity in experience, age, ability, gender, ethnicity, race, sexual orientation and gender identity, education, socioeconomic status, and geography in the selection of panelists.

Do you agree to abide by [PCORI's Conflict of Interest Policy](#) and to publicly disclose any potential conflicts?

If so, please download and save the linked COI form to your computer and complete it. You will then be asked to upload the completed form on the next page.

- Yes
- No

**Logic: Hidden unless: Question “Do you agree to abide by [PCORI's Conflict of Interest Policy](#) and to publicly disclose any potential conflicts?**

**If so, please download and save the linked COI form to your computer and complete it. You will then be asked to upload the completed form on the next page.” is one of the following answers (“No”)**

Thank you for your interest in serving on one of PCORI's Advisory Panels. To be considered for membership on any PCORI Advisory Panel, applicants must agree to abide by PCORI's Conflict of Interest Policy and publicly disclose any potential conflicts. Unfortunately, since you have answered “No” to the question of whether you would agree to this provision, we are unable to consider you for our Advisory Panels. If you intended to indicate that you would abide by our Conflict of Interest policy, please select “Yes” above.

Validation: Accepts 1 file. **Allowed types:** png, gif, jpg, doc, xls, docx, xlsx, pdf, txt. Max file size: 50 MB

**Logic: Hidden unless: Question “Do you agree to abide by [PCORI's Conflict of Interest Policy](#) and to publicly disclose any potential conflicts?**

**If so, please download and save the linked COI form to your computer and complete it.**

You will then be asked to upload the completed form on the next page.” is one of the following answers (“Yes”)

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.\*

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**If selected, will you be accepting or declining the Advisory Panel yearly stipend?**

- I will accept the Advisory Panel yearly stipend
- I will decline the Advisory Panel yearly stipend

*Members who are not full-time federal employees are eligible for compensation. The amount of compensation shall be set by PCORI’s Executive Director, based on the nature and amount of services to be provided. Compensation is not to exceed \$1,500 annually for each member or \$2,000 annually for the chairperson and co-chairperson. Our policy for Advisory Panel stipends is linked to participation and attendance. For fairness, and to be consistent with PCORI policy, we reserve the right to prorate the stipend amount if a panelist has not been able to fully participate throughout the year. All payments are made to individual panel members and not to employers, organizations, or third parties. Members may decline compensation at their discretion.*

**If selected, will you be accepting or declining reimbursements of expenses incurred through your service as an Advisory Panel member?**

- I will accept reimbursements
- I will decline reimbursements

*PCORI covers travel and other expenses incurred during the conduct of PCORI business only if the expenses are reasonable and comply with the Institute’s policies and procedures. PCORI will inform Advisory Panel members of our rules related to travel and lodging prior to their first meeting. Members may decline reimbursement of expenses at their discretion.*

**Assistant Contact Information**

- Full Name: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

**What is the highest level of education you have achieved?\***

- High school (grades 9-12, 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.)

**Select the degrees you have achieved\***

**With which of the following broad population categories do you have expertise or experience? Select all that apply.\***

- Children (0-12 years)
- Adolescents (13-18 years)
- Young adults (18-21 years)
- Older adults (65 years and older)
- Low-income groups
- Racial and ethnic minority groups
- Women
- Lesbian/gay/bisexual/transgender persons
- Residents of rural areas
- Residents of urban areas
- Individuals w/ special healthcare needs
- Individuals w/ multiple chronic diseases
- Individuals with rare diseases
- Medical outcomes of genetic disorders
- Low literacy/numeracy, limited English
- Armed services/families/caregivers
- None of the above

**With which of the following broad disease/condition categories do you have expertise or experience? Select all that apply.\***

- Allergies and immune disorders
- Birth and developmental disorders
- Blood disorders
- Cancer
- Cardiac health
- Chronic conditions
- Circulatory system diseases
- Congenital malform., chromosome abnorm.

- Dental care
- Diabetes
- Digestive system diseases
- Ear, nose, and throat diseases
- Endocrine/nutritional/metabolic diseases
- Eye diseases
- Infectious diseases
- Kidney disease
- Liver disease
- Mental health & behavioral disorders
- Multiple/co-morbid chronic conditions
- Musculoskeletal system diseases
- Nervous system diseases
- Pain
- Pregnancy and childbirth
- Rare disease
- Reproductive & urinary system diseases
- Respiratory diseases
- Skin disease
- Substance abuse
- Toxin
- Trauma/injury
- Vascular health
- Wellness
- None of the above

**Indicate up to two Advisory Panels for which you are applying.\***

- Patient Engagement
  - Clinical Trials
  - Rare Disease
  - CEDS
  - HDDR
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**Please select the preferred panel on which you would like to serve.\***

- Patient Engagement
- Clinical Trials
- Rare Disease
- CEDS
- HDDR

**Please refer to [PCORI's website](#) to get more information on which stakeholder group you best represent.**

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

***Select all that apply.\****

Patient/Consumer

Caregiver/Family Member of Patient

Patient/Caregiver Advocate/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 purchasers)

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)

Social Worker

Other (please specify): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers (“Caregiver/Family Member of Patient”)**

**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): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Clinician (e.g., nurse, physician, or an organization that represents clinicians)”]**

**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): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Hospital/Health System (e.g., federally qualified health center (FQHC), rural health clinic, or an organization that represents hospitals/health systems)”]**

**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): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. Select all that apply.” is one of the following answers [“Purchaser (e.g., employer or an organization that represents purchasers)”]**

**Indicate the categories of “Purchaser” with which you identify.  
Select all that apply.\***

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

**Logic: Hidden unless: Question “Indicate the categories with which you identify. Select all that apply.” is one of the following answers [“Payer (e.g., health insurer, Medicaid, or an organization that represents payers)”]**

**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): \_\_\_\_\_ \*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Industry (e.g., device or pharmaceutical manufacturer, or an organization that represents industry)”]**

**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): \_\_\_\_\_ \*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Health Research (e.g., think tank, academic researcher, or an organization that represents researchers)”]**

**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): \_\_\_\_\_ \*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Policy Maker (e.g., state legislator, US Congress, executive agency employee, or an organization that represents policy makers)”]**

**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): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the categories with which you identify. *Select all that apply.*” is one of the following answers [“Training Institution (e.g., academic medical center, residency program, or an organization that represents training institutions)”]**

**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): \_\_\_\_\_\*

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Clinical Trials”)**

**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
- Expert in Health Services Delivery
- Expert in Integrative Health and Primary Prevention Strategies
- Medical Technology Expert (pharmaceutical, device, etc.)

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Rare Disease”)**

**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
- Expert 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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## All Advisory Panel Questions

**Have you been involved in patient-centered outcomes research (PCOR)?\***

- Yes
- No

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Have you been involved in patient-centered outcomes research (PCOR)?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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**Have you been involved in engaging patients and other stakeholders in research?\***

- Yes
- No

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**Logic: Hidden unless: Question “Have you been involved in engaging patients and other stakeholders in research?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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

Yes

No

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Have you been engaged in PCORI-funded research?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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**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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## Advisory Panel on Patient Engagement/Clinical Trials Questions

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Patient Engagement” or “Clinical Trials”)**

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

Yes

No

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Have you been involved in the development of patient-centered clinical trials?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Patient Engagement” or “Clinical Trials”)**

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

Yes

No

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Have you been a participant in a clinical trial?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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

**Validation: Max word count = 300 Min word count = 1**

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Patient Engagement”)**

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

Yes

No

**Validation: Max word count = 300 Min word count = 1**

**Logic: Hidden unless: Question “Have you been involved in the development of processes or frameworks that involve multi-stakeholders in patient-centered research?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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**Validation: Max word count = 300 Min word count = 1**

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“Patient Engagement”)**

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

Yes

No

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Have you been involved in a data research network and data sharing/privacy policy development?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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## **Prioritizing Advisory Panel Questions**

Validation: Max word count = 300 Min word count = 1

**Logic: Hidden unless: Question “Indicate the Advisory Panel(s) for which you are applying.” is one of the following answers (“CEDS” or “HDDR”)**

**Have you been involved in research prioritization?\***

Yes

No

Validation: Max word count = 300 Min word count = 1



**Logic: Hidden unless: Question “Have you been involved in research prioritization?” is one of the following answers (“Yes”)**

**Please describe your involvement.\***

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**Personal Statement/Cover Letter**

**Please provide a personal statement (up to 600 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. Please explain why you would like to be a part of the Advisory Panel(s) you are applying to and what you are looking forward to gaining from the experience.\***

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

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**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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**Validation: Max word count = 150**



Validation: Max word count = 100

**Please tell us anything else that would help PCORI consider your qualifications as a potential member of an Advisory Panel (up to 100 words).**

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