



Department of Defense
US Army Medical Research and Materiel Command
Congressionally Directed Medical Research Programs



CONSUMER NOMINATION PROCESS FOR SCIENTIFIC PEER REVIEW

NOTE: Military Personnel on Active Duty – Please Go to and Complete Only PART III

Guidance to Nomination Organizations... *How to Nominate a Consumer Reviewer*

STEP 1: Review the consumer peer reviewer requirements.

STEP 2: Identify new consumers whom you would like to nominate.

STEP 3: Have your nominees complete Part II of this nomination form.

STEP 4: Prepare a letter of support for each nominated consumer highlighting his or her participation in advocacy, commitment to learning about and sharing scientific and medical information, communication skills, participatory skills, and ability to represent his/her community's perspective.

STEP 5: Review the final nomination package to ensure it is complete.

The package for each nominee must contain:

- a completed nomination form (Parts I and II)
- the nominee's personal statement on advocacy and education
- your letter of support
- the nominee's current resumé (volunteer, community, or employment experience) or curriculum vitae

STEP 6: Submit the final nomination package to:

Congressionally Directed Medical Research Programs
Consumer Participation in Peer Review
1077 Patchel Street
Fort Detrick, MD 21702-5024
usarmy.detrick.medcom-cdmrp.mbx.cdmrpconsumers@mail.mil



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CONSUMER NOMINATION FORM FOR SCIENTIFIC PEER REVIEW

PART I: SPONSOR INFORMATION

(To be completed by nominating organization.)

Sponsor's Name:

Title:

Sponsor's Organization:

Street Address (No P.O. Boxes):

City:

State:

Zip Code (+4):

Phone: ()

Fax: ()

E-mail Address:

Nominee's Name:

PART II: NOMINEE INFORMATION

(The following information is to be provided by the nominee.)

Nominee's Name:

Street Address (No P.O. Boxes):

City:

State:

Zip Code (+4):

Home Phone: ()

Home Fax: ()

Work Phone: ()

Work Fax: ()

E-mail Address:

Occupation:

Survivorship: For which program are you interested in serving as a consumer reviewer?

Are you a survivor/patient? Yes No

Or are you a family member of a survivor/patient Yes No

Peer Review Experience: Have you served on a peer review panel before? Yes No

If yes, indicate dates of service and organization: _____



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CONSUMER NOMINATION FORM FOR SCIENTIFIC MERIT REVIEW

PART II: NOMINEE INFORMATION (cont.)

(The following information is to be provided by the nominee.)

Required: PERSONAL STATEMENT ON ADVOCACY AND EDUCATION

Describe your activities in advocacy and other community groups in no more than 2 pages by addressing the following. *Please attach to this form.*

- Describe your role in the advocacy/support group that nominated you
- How would you represent this group?
- How do you keep informed about issues or developments related to your condition/disease/injury and describe what resources you routinely use (e.g., seminars, classes, journals, support groups, internet, and library)?
- If you have served in peer review before, what were your experiences and how do you feel they have benefited others?
- Describe a situation in which different views represented a barrier to the completion of a task and your approach to overcoming this.
- How would you evaluate a scientific proposal in which the research proposed challenged your ideas, values and/or beliefs?

Required: CURRENT RESUME *Please attach to this form.*

| | | | |
|---|--|--|--|
| ***** Demographic Information***** | | | |
| Highest Degree Attained: | <input type="checkbox"/> High School/ Equivalent | <input type="checkbox"/> A.A. <input type="checkbox"/> B.A. /B.S. | <input type="checkbox"/> DDS/MSW/MPH. |
| | <input type="checkbox"/> M.A. / M.S. | <input type="checkbox"/> Ph.D/equivalent | <input type="checkbox"/> J.D. <input type="checkbox"/> M.D. |
| | Other: | | |
| Ethnicity (optional): | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White |
| | Other: | | |
| Date of Birth (optional) | Month | Day | Year |



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CONSUMER NOMINATION FORM FOR SCIENTIFIC MERIT REVIEW
Part III. Military Personnel on Active Duty

STEP 1: Clear your application to participate with your commanding officer.

STEP 2: Develop a personal statement that includes

- How you will represent others living with your condition/disease/injury
- How your developing the condition/disease/injury relates to your military service
- How you keep informed about issues or developments related to your condition/disease/injury and describe what resources you routinely use (e.g., support groups, internet, library, journals, seminars, or classes)
- If you have served in peer review before, what your experiences were and how you feel they have benefited others
- Description of a situation in which different views represented a barrier to the completion of a task and your approach to overcoming this
- How you would evaluate a scientific proposal in which the research proposed challenged your ideas, values and/or beliefs

STEP 3: Complete the personal information below

Nominee's Name: _____ Rank: _____

Military Service: USA/USAF/USMC/USN/USCG (Select one)

Current Street Address (No P.O. Boxes): _____

City: _____ State: _____ Zip Code (+4): _____

Home Phone: () _____ Home Fax: () _____

Duty Organization: _____

Work Phone: () _____ Work Fax: () _____

E-mail Address: _____

Occupation: _____

Survivorship: For which program are you interested in serving as a consumer reviewer?

Are you a survivor/patient? Yes No

Are you a family member of a survivor/patient Yes No

Peer Review Experience: Have you served on a peer review panel before? Yes No

If yes, indicate dates of service and organization: _____

I have cleared my ability to participate with my commanding officer Yes No

Required: Please attach CURRENT RESUME to this form.

| | | | | |
|---|--|--|---|---------------------------------------|
| ***** Demographic Information***** | | | | |
| Highest Degree Attained: | <input type="checkbox"/> High School/ Equivalent | <input type="checkbox"/> A.A. | <input type="checkbox"/> B.A./B.S. | <input type="checkbox"/> DDS/MSW/MPH. |
| | <input type="checkbox"/> M. A./ M.S. | <input type="checkbox"/> Ph.D/ equivalent | <input type="checkbox"/> J.D. | <input type="checkbox"/> M.D. |
| | Other: | | | |
| Ethnicity (optional): | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | | |
| | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White |
| | <input type="checkbox"/> Other: | | | |
| Date of Birth (optional) | Month | Day | Year | |

STEP 4: Review the final package to ensure it is complete. The package must contain:

- a completed nomination form (Part III)
- your personal statement on education and contact with and/or outreach/support of others with your disease/ injury /condition
- your current resumé (volunteer, community, or employment experience) or curriculum vitae

STEP 5: Submit the final nomination package to:

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| Congressionally Directed Medical Research Programs Consumer Participation in Peer Review 1077 Patchel Street Fort Detrick, MD 21702-5024 usarmy.detrick.medcom-cdmrp.mbx.cdmrpconsumers@mail.mil |
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