



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



## CONSUMER NOMINATION PROCESS FOR SCIENTIFIC PEER REVIEW

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 by Monday, April 19, 2010 to:

Tom Kirk, President & CEO  
Us TOO International  
5003 Fairview Avenue  
Downers Grove, IL 60515-5286

Fax: 630-795-1602 or Email: [tom@ustoo.org](mailto:tom@ustoo.org)

Questions? Call 1-800-80-UsTOO (1-800-808-7866)



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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:	High School/ Equivalent	A.A.	B.A. /B.S.	DDS/MSW/MPH.
	M.A. / M.S.	Ph.D/equivalent		J.D. M.D.
	Other:			
Ethnicity (optional):	American Indian or Alaskan Native	Native Hawaiian or Other Pacific Islander		
	Asian	Black or African American	Hispanic or Latino	White
	Other:			
Date of Birth (optional)	Month	Day	Year	