



FY 2018 Consumer Reviewer Electronic Nomination Form

Instructions for Completing the Consumer Reviewer Nomination Form

CSRA is contracted by the Department of Defense to recruit service members, veterans, medical practitioners, and the general public to serve as “consumer reviewers” on panels reviewing biomedical research grant applications.

Consumer reviewers act as **lay experts** on their disease, injury, or condition, bringing their experience and perspectives to the evaluation of research grant proposals. Consumer reviewers provide crucial input to the panel, serving alongside scientific and medical experts to represent those most directly affected by the disease, injury or condition being addressed.

Consumer reviewers help to ensure research selected for funding has the **greatest potential of impact** for our service members, veterans, and the American public. Your perspective and opinion bring relevance and practicality to the review process and are valued by scientists and clinicians. You will also learn about exciting proposed research projects that may lead to new therapies and interventions.

Consumer Reviewer selection is a **multi-step process**. The selection process includes submission of this electronic nomination form, a current resume and a written recommendation from an advocacy organization familiar with your advocacy work. Once these items are received, a telephonic interview will be conducted with CSRA staff. The number of consumers required each year is dependent upon Congressional funding and the number of research proposals received; participation cannot be guaranteed. Once approved to serve, whether assigned in 2018 or not, your name will remain on our consumer listing and you will be contacted each year to determine your availability to serve.

Individuals selected as consumer reviewers receive a **consultant's fee** along with accommodations and travel to peer review meetings held in the greater Washington, DC, area. Active duty military personnel selected as a consumer reviewer may request leave or may obtain orders to participate in the peer review meetings. Travel and accommodations for active duty personnel is dependent upon whether the Defense Travel System (DTS) is used for their travel to peer review meetings.

CSRA is proud to support the Department of Defense, Congressionally Directed Medical Research Programs (CDMRP) by selecting consumers to serve as reviewers; additional information about CDMRP programs is available at <http://cdmrp.army.mil>.

To learn more about program specific eligibility see pages 3 & 4

Program Eligibility: To serve as a consumer reviewer you must:

- ✓ Be living with the disease/injury/condition, or be a family member or caregiver of a person living with a disease/injury/condition associated with a funded program;
- ✓ For some programs, be a professional practitioner/health care provider who works with consumers in the disease/injury/condition funded program;
- ✓ Be nominated by an advocacy organization based upon your active participation in either advocacy, outreach, or educational activities;
- ✓ Have at least a high school education or its equivalent;
- ✓ Be fluent in listening, reading, speaking, and writing in English;
- ✓ Be proficient in basic computer and web browser functions; including having an updated operating system, knowledge to update your computer if needed, and ability to download and install software like Adobe Reader.
- ✓ Have an interest in expanding your scientific knowledge about your disease or injury;
- ✓ Represent the views of the affected community, not just your personal perspective;
- ✓ Be able to travel for on site peer review meetings;
- ✓ Meet the program specific consumer eligibility requirements. Detailed FY 2018 program eligibility requirements are found on pages 3-4 of this form.

If you meet the above criteria and the program specific eligibility requirements continue reading "tips" for successfully completing this fillable nomination form.

- To access, view, download, complete and print this fillable form **you will need** to use the latest version of **Adobe Acrobat Reader**. Adobe Acrobat Reader is available for free and can be downloaded from the following web site: <http://www.adobe.com>.
- **Complete this form offline** in Adobe Reader. Avoid completing the form online within your browser.
- Although you can fill in a form while it is displayed within your browser, we strongly recommend that you not do so. You will lose all entered form data if you browse to other web pages in the same browser window that you are using to display the screen fillable form. You run the risk of accidentally deleting all of your entered form data by inadvertently clicking on the "back" or "forward" buttons on your browser. Clicking either of these buttons will close the form and delete all of your information.
- We recommend that you open the Acrobat Reader program, click on file/open and **save the form to your computer**. Then locate the saved file on your computer's hard drive or desktop. **Complete the fillable form in Acrobat Reader independently from your browser** or your internet connection.
- Be sure to **save the completed document!**
- Only electronic versions of the nomination form are acceptable.

NOMINEE INFORMATION

Last Name: First Name: M.I.:

Primary Email Address:

Preferred Phone: Secondary phone:

Address:

City: State: Zip Code:

Highest Level of Education Attained: Current Occupation:

If military, which branch? Rank: Military Service:

PROGRAM: For which primary program are you eligible to serve as a consumer reviewer?
(See Consumer Reviewer Program Eligibility Requirements)

If you are eligible for other programs, please list here:

Are you a survivor/patient? ^{Yes No} Are you a family member or a caregiver of a survivor/patient? ^{Yes No}

Ethnicity: Date of Birth:

Sponsoring or Nominating Organization:

Sponsor's Name: Title:

Primary Email Address:

Preferred Phone: Secondary Phone:

Address:

City: State: Zip Code:

PERSONAL STATEMENT

Directions: Answer each of the following questions as thoroughly as possible in a minimum of 4-6 sentences.

A. Please provide a brief overview of your journey with your injury, condition, and/or disease include diagnosis date(s).

B. Describe your activities as an advocate; what role do you serve in the organization that nominated you?

C. How would you represent others with this illness, injury, or condition when reviewing research proposals that may only affect a few?

D. How do you keep abreast and educated about your condition/disease/injury?

E. How would you assess your level of "expertise" on your condition/disease/injury?

Do you have an area of "interest"?

F. Have you served in any type of proposal/technical review capacity? Yes No

If yes, how would that experience lend itself to a scientific review panel?

If no, what interests you in serving on these scientific review panels?

G. How would you prepare to evaluate a scientific proposal that is about an unfamiliar or highly technical aspect, for example: *Cell Biology, Molecular Biology, or Pathobiology*?

H. What if the research in the proposal challenged your ideas, values, and/or beliefs?

Submission Instructions

Directions: Three items comprise a completed packet:

- 1. Completed, electronic nomination form**
- 2. A current resume**
- 3. Letter of nomination**

A letter of nomination from your advocacy organization is required to complete your official nomination packet. Letter of nomination must be on letterhead and written by staff familiar with your service.

Please identify if your letter will be:

CSRA employees are not responsible for notifying nominees if packets are incomplete or missing attachments. It is the nominees responsibility to ensure all attachments are submitted.

You will be notified by email when a completed packet is received. CSRA will process packets as received and staff will contact you to arrange a telephone interview. Time between receipt of packet and contact by a CSRA employee can be up to 4 weeks.

Send all documents via email, as attachments to:
Amber.Nalley@csra.com

If you have any questions please contact Amber Nalley,
Consumer Reviewer Administrator, at 571-352-1899