

Subject Matter Expert Application Form

Subject Matter Experts (SME) are an energetic group of patients, family members, caregivers, and professionals that help the Network respond to patient needs and seek ways to improve patient/staff relationships. The SME identifies ways to spread best practices as well as design/implement Quality Improvement Activities (QIAs) to promote patient-centeredness and family engagement.

Complete the following information:

About You	
I am (check one):	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Stakeholder
Name (First, Last)	
Address	
City, State, Zip	
Primary Phone	
Secondary Phone/ Cell Phone	
Email Address	
Check The Appropriate Selection(s)	
I identify as:	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Ethnicity: I identify myself as	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino
I speak:	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
Primary Language Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
About Your ESRD Experience	
Dialysis Facility Name	
Dialysis Facility Phone Number	
Number of years as a dialysis patient	
Current Treatment Type: (check one)	<input type="checkbox"/> In-Center Hemodialysis: M/W/F or T/T/S <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant, If yes, Number of years as a transplant recipient _____
Previous Treatment Types: (check all that apply)	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
Are you on a transplant waitlist? (circle one)	Yes No

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Connecting With You	
How often do you check your email (check one):	<input type="checkbox"/> daily <input type="checkbox"/> 2-3 times/week <input type="checkbox"/> only when expecting important messages <input type="checkbox"/> don't have email
Are you able to travel out of state for face-to-face meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to attend 2 or more meetings by phone per year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your ESRD Expertise	
Why would you like to be a Subject Matter Expert (SME)?	
List any of your volunteer organizations, committees, clubs, community groups, etc.	
Other interests, hobbies, or skills	

Please read and check the appropriate statements below:

I authorize AQKC to utilize my name and email address for specific Subject Matter Expert communications.

I further authorize AQKC to use my name where necessary in meeting minutes, and in listing SMEs in reports to The Centers for Medicare and Medicaid Services (CMS).

Signature of Candidate: _____ Date: _____

Submit completed form to Network 8. You may fax it to 601-932-4446 or mail it to 775 Woodlands Parkway Suite 310, Ridgeland, MS 39157. If you have any questions, please contact us at 877-936-9260.

(Note: Because we may receive more applications than available slots, we will hold your application if you are not added to the committee this year.)