

2016 Examiner Application FORM

We appreciate your interest in applying to serve as a member of the **2016 Board of Examiners!** This program is a meaningful learning experience and provides an insight to the Baldrige Criteria, networking potential, and valuable leadership development.

PLEASE READ THE EXAMINER INFORMATION DOCUMENT BEFORE COMPLETING THIS FORM.

PERSONAL INFORMATION					
(FIRST):		(LAST):			
(PREFERRED NAME, if different):					
CURRENT EMPLOYER or ORGANIZATION:					
BUSINESS	NON-PROFIT	GOVERNMENT	HEALTH CARE	EDUCATION	MANUFACTURING OTHER
TITLE/POSITION:					
PREFERRED MAILING ADDRESS:				CITY:	
STATE:	ZIP:	WORK PHONE:	CELL:	FAX:	
PRIMARY EMAIL:					
SECONDARY EMAIL					
EXPERIENCE					
NEW EXAMINER?	RETURNING EXAMINER?	NATIONAL BALDRIGE EXAMINER? Years?	Yes	No	OTHER STATE EXAMINER? State? Years?
QUALITY, SIX SIGMA, LEAN, PROJECT MANAGEMENT, Etc. EXPERIENCE?					
COMMUNICATION, TEAM BUILDING, LEADERSHIP SKILLS: Describe related knowledge, professional experience, and or relevant skills that would have a positive influence or contribution to an Examiner Team.					

DESCRIBE ANY KNOWLEDGE/UNDERSTANDING OF BALDRIGE CRITERIA:

Do you or your organization currently use the Baldrige Criteria? Have you attended Baldrige related trainings or workshops? Have you written/assisted with writing a Baldrige/State application?

DESCRIBE YOUR MOTIVATION TO BE AN EXAMINER:

How did you hear of us? What do you hope to get out of your experience? Etc.

2 DAY EXAMINER TRAINING SELECTION Review the Examiner Overview Document for full set of calendar dates/events

ALL EXAMINERS MUST ATTEND THE 2 DAY EXAMINER TRAINING (Replaces Baldrige 101 AND Examiner Preparation Course)

Seats for training fill up at a first come first serve basis. Please choose your 1st and 2nd choice of training dates. If you are unavailable for a set of dates, please mark as unavailable.

2 Day Examiner Training

April 18 & 19

April 25 & 26

TRAINING FEE for NEW EXAMINERS

While there is no fee for Returning Examiners, there is a charge of **\$350** for each New Examiner enrolled into our training for the current year. Payments are accepted via mailed check or Credit Card over the phone. We can also invoice for large groups, contact us for details.

This fee may be reduced or waived if:

- ➔ An individual wishes to make an EIMF membership contribution (option to renew after a calendar year) for \$250.
- ➔ Organizations who are current or new EIMF members can enjoy 6 Examiners trained free for the calendar year. If you are unsure of your individual or organizational membership status, please view the Membership listing on our website (www.excellenceinmo.org/member-listing/) or contact the Award Office: 573-817-8310 ext. 310

NEW EXAMINER PAYMENT SELECTION (Returning Examiners, skip this section)

\$350 for 2 Day Examiner Training

How will you be paying?

Check (must be received 1 week after form due date OR accompanying mailed form - see address at bottom of form)

CC Over phone – Please call the Award Office: 573-817-8310 ext. 310

Please invoice my company – Please call the Award Office: 573-817-8310 ext. 310, to set up invoice details

No Payment – I am / my organization is a current member – New Members, please complete a Membership Application and submit appropriate payment

SITE VISIT DATES

Please indicate the weeks that you could be available for Site Visit :

Week 1: September 11 – 16

Week 2: September 18 – 23

Week 3: September 25 – 30

Week 4: October -2 – 7

POTENTIAL CONFLICTS OF INTEREST

When applying for a position on the 2016 MQA/EiH/Tiered Program Board of Examiners, candidates agree to voluntarily submit a statement of Disclosure of Conflict of Interest. This allows us to plan ahead when assigning Examiners to review an application.

If an Examiner has any direct conflict with the organization, we will choose a different application for them to serve on. Sometimes, an Examiner is not aware they have a conflict until they see the name or information of the Applicant in question. We can work with you when placing you on an Examiner team.

As a potential Examiner, these are the items of disclosure that need to be considered:

- **Employers** (past or present), **branches, competitors, board members, clients, or collaborators of your organization**
- **Colleges or Universities that you attended**
- **Organizations whom you may have served for as an Examiner in the PAST 3 YEARS**
- **Any other affiliations you** (or your immediate family, spouse, significant other) **may have with organizations who are Award Applicants**

To the best of your ability, please list any conflicts of interest you have with the following. If none, indicate N/A.

CURRENT/FORMER EMPLOYERS:

SCHOOLS, UNIVERSITIES, COLLEGES, Etc. ATTENDED:

BUSINESS CLIENTS/CUSTOMERS, COLLABORATORS, COMPETITORS, SUPPLIERS, Etc.:

FORMER AWARD APPLICANTS REVIEWED (independently review OR site visited):

OTHER:

SITE VISIT REIMBURSEMENTS

As a Not-for-Profit organization, the Excellence in Missouri Foundation relies heavily on volunteer support to help administer the MQA/EiH Awards and Tiered level assessments. For budgeting purposes, will you request reimbursement from EiMF for food/travel expenses for Site Visit (only), if you are selected as an Examiner? **YES** **NO**

WITHDRAWAL FEE

There is a \$350 penalty should an Examiner decline a team assignment or to withdraw from the process while assigned to an Examiner team, either during Consensus or Site Visit.

In applying for a position on the MQA/EiH/Tiered Program Board of Examiners, I attest to the accuracy of the information in this application, and have read, understood, and shall adhere to the information in the Examiner Overview document, including:

- Examiner Expectations
- Time Commitments
- Cycle Calendar/details
- Code of Ethics
- Withdrawal Fee

Signature:

Submit electronically (button on top of form) or mail to: Excellence in Missouri Foundation - 200 N. Keene St. Suite 101 - Columbia, MO 65201

573-817-8310 ext. 310 - contact.us@excellenceinmo.org - www.excellenceinmo.org