

SAMPLE APPLICATION • BOARD OF EXAMINERS FOR THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD

CONTACT INFORMATION			
First Name:	<input type="text"/>	Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>		
Title:	<input type="text"/>	Suffix:	<input type="text"/>
Primary E-mail Address:	<input type="text"/>		
Alternate E-mail Address:	<input type="text"/>		
Primary Phone Number:	<input type="text"/>	Type:	<input type="text"/>
Alternate Phone Number:	<input type="text"/>	Type:	<input type="text"/>
Home Address			
Non-U.S. Address:	<input type="checkbox"/>		
Address Line 1:	<input type="text"/>		
Address Line 2:	<input type="text"/>		
City:	<input type="text"/>		
State:	<input type="text"/>		
Zip:	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT INFORMATION	
Current or Most Recent Employment	
Please use this form to describe your current or most recent primary job. If unemployed or retired, please provide information on your most recent employment below.	
Primary Work?	<input type="radio"/> Yes <input type="radio"/> No
Employment Status:	<input type="text"/>
Full Name of the Organization:	<input type="text"/>
Position Title:	<input type="text"/>
Position Description:	<input type="text"/>
Non-U.S. Address: <input type="checkbox"/>	
Address Line 1:	<input type="text"/>
Address Line 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/> <input type="text"/>
Parent Organization Name:	<input type="text"/>

Date of Service: From (mm/yyyy) To (mm/yyyy)

Primary Organization Type:

Secondary Organization Type:

<input type="checkbox"/> K-12 Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Other Education	<input type="checkbox"/> Healthcare
<input type="checkbox"/> Government	<input type="checkbox"/> Independent Consultancy
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Small Business	<input type="checkbox"/> Service

Are you a C-Level executive (i.e., CEO, CFO, CIO) or a senior leader in your organization?
 Yes No

Select all that apply to you:

<input type="checkbox"/> Chief Executive Officer	<input type="checkbox"/> Chief Human Resources Officer
<input type="checkbox"/> Chief Operations Officer	<input type="checkbox"/> President
<input type="checkbox"/> Principal	<input type="checkbox"/> Chief Financial Officer
<input type="checkbox"/> Chief Information Officer	<input type="checkbox"/> Partner
<input type="checkbox"/> Vice President	<input type="checkbox"/> Other
<input type="checkbox"/> Number of employees in your organization:	<input type="text"/>
<input type="checkbox"/> Number of employees you manage/supervise:	<input type="text"/>

NAICS CODE

Please provide more information on areas of professional expertise that are relevant in evaluating an organization's performance. Federal agencies use the North American Industry Classification System (NAICS) to classify organizations for collecting, analyzing, and publishing data related to U.S. business.

Choose Relevant NAICS:

NAICS 1 (Primary): *Lookup*

NAICS 2: *Lookup*

NAICS 3: *Lookup*

NAICS 4: *Lookup*

NAICS 5: *Lookup*

PREFERRED MAILING ADDRESS

Select your preferred mailing address for examiner, team, and other program-related material. **Addresses cannot contain a PO Box #.**

Home Address: *Will be entered on the Contact Information page*

Work Address: *Will be entered on the Current or Most Recent Employment page*

Other Address: *May be used to enter another preferred address*

PROFESSIONAL INFORMATION

Please provide information on your areas of professional expertise (specialized or sector-related) that are relevant in evaluating an organization’s performance.

Do you have any expertise in the following industries? *Select all that apply to you:*

- Utilities
- Technical Schools
- Finance
- Other NonProfit
- Information Technology
- Federal, State, and City Agencies
- Retail Merchandising

Do you have a degree or work experience in health care? *Select all that apply to you:*

- BSN
- DMD
- Imaging Specialist
- MD
- MSN
- Pharm-D
- Primary Laboratory Technician
- Any other degrees or work experience in health care
- DDS
- DO
- LPN
- Medical Device Specialist
- Physical Therapist
- RN

Do you have a degree or work experience in education? *Select all that apply to you:*

- Assistant Principal
- Dean
- K-12 Teacher
- Professor
- Any other degrees or work experience in education
- Assistant Superintendent
- Education Specialist
- Principal
- Superintendent

May we send your contact information to the Alliance for Performance Excellence, which consists of state, local, and other Baldrige-based programs, as a potential examiner or subject matter expert?

Please note: The Baldrige Program does not control how your contact information will be managed once it is sent to other programs.

- Yes
- No
- Already Involved

EDUCATION

List all completed or in-process degrees. Include the degree and year it was or will be obtained, the educational institution, and the state or country.

Institution Name:

Degree:

Concentration On:

Non US Degree:

State:

Year Obtained:

BALDRIGE-RELATED EXPERIENCE

Please provide your experience in evaluating or preparing Baldrige-like applications for internal, state, local, international, association, or other organizational award programs. Also include experience with internal or supplier Baldrige-based assessment processes. For each program, indicate the type and name of the program, your role(s), and the number of years of involvement.

Type of the Award Program:

State:

Describe State and Local Program Experience:

The Name of the Program:

Roles:

<input type="checkbox"/> Application Author	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Consensus/Site Visit Team Leader	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Examiner	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Feedback/Tech Writer/Editor	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Judge	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Program Director	Years From:	<input type="text"/>	To:	<input type="text"/>
<input type="checkbox"/> Other	Years From:	<input type="text"/>	To:	<input type="text"/>

OTHER RELEVANT PROFESSIONAL EXPERIENCE

Please list your certifications from professional and other organizations that are relevant to assessing organizational performance excellence using the Baldrige Criteria. Indicate the certification, the organization, and the number of years of involvement.

Certification Name:

The Name of the Organization:

Years Participated:

EXAMINER KNOWLEDGE, SKILLS, AND ABILITIES *(Multi choice)*

1. Which of the following best describes your strategic planning experience?
 - As a strategic planning expert I established strategic plan objectives and action plans and I measured these plans using key performance measures or indicators.
 - I led strategic planning over a number of years or with a variety of organizations.
 - I have participated substantially in the strategic planning process.
 - I have had limited participation in the strategic planning process.
 - I have no experience in the strategic planning process.
2. Which of the following best describes your experience designing work systems and managing and improving work processes for implementing those work systems?
 - I am a recognized expert in work system design and work process management.
 - I have significant experience in work system design and work process management.
 - I have direct involvement in the design and delivery of the key processes of my organization.
 - I have a substantial educational background and/or substantial training in process management.
 - I have no experience in process management.
3. Which of the following best describes your experience engaging, managing, and developing an organization's workforce?
 - I have held one or more leadership or supervisory positions and I have made organization-wide decisions regarding employee recruitment benefits training development and/or safety.
 - I have supervised a large enough group of employees to understand workforce engagement approaches and issues.
 - I have had first-line supervisory responsibility for implementing training and/or workforce policies.
 - I have had training in workforce policies and practices.
 - I have no experience in workforce policies and practices.
4. Which of the following best describes your experience with systematic processes and formal methodologies for determining customer/student/patient satisfaction, customer/student/patient relationships, market knowledge, and customer/student/patient/stakeholder requirements?
 - As an expert in this field I routinely determine the requirements of key customer processes design and measure processes that meet these requirements and improve processes to achieve better performance.
 - I have had significant experience with customer relationship management processes in a variety of settings over a number of years.
 - I have implemented and improved customer relationship and management processes and methodologies.
 - I have had formal education or training in these processes and methodologies.
 - I have no experience in these processes and methodologies.

EXAMINER KNOWLEDGE, SKILLS, AND ABILITIES *(Essay)*

1. Describe your personal knowledge and work experience that qualifies you to evaluate and provide feedback to an organization on its business and work processes.

(Maximum 1300 char)

2. Describe your personal knowledge and work experience that qualifies you to evaluate and provide feedback to an organization on its business results.

(Maximum 1300 char)

3. Please tell us why you want to become a national Baldrige Examiner. *(Maximum 1300 char)*

(Maximum 1300 char)

For Reference Only

RECOMMENDATION PROVIDER

For your application to be considered, two individuals must submit recommendations on your behalf via the online system by the application deadline. No other form of recommendation is accepted. Recommenders may not be relatives, friends, or sitting members of the Baldrige Program's Panel of Judges. We suggest that you select recommenders early to give them sufficient time to respond.

Following are steps for selecting and notifying your recommenders:

1. Identify up to four recommenders.
2. Enter the name and e-mail address of the first recommender, and click "send email." The recommender will receive an e-mail containing a link to the online system and a pass code enabling him or her to log in and complete the recommendation. Add up to three more recommenders in the same way. Once the recommenders have logged in and begun their recommendations, a date will appear on the "started" line, and you will no longer be able to edit their information.
3. Monitor your email for notification that the Baldrige Program has received a completed recommendation. We will add only the first two recommendations received to your file, and you may not delete a recommendation after the program has received it.
4. If you wish, once you have received two notifications, delete the remaining recommenders. This will generate an email informing them that you no longer require their recommendations.
5. If you wish, send reminder emails to your recommenders by clicking "send email."

Add Recommendation Provider

First Name:

Last Name:

E-mail Address:

Employer:

Job Title:

Relationship to You:

Do you wish to waive your right to examine this letter of recommendation?

Yes No

Note for the recommendation provider that will be included into the email:

RECOMMENDATION FORM

Please provide a recommendation relating to your knowledge of the applicant's qualifications to be an examiner. **Complete the online recommendation by the application deadline.**

Applicants who have never served on the board must include the names of recommenders in the online application. Recommendation providers will receive an e-mail with instructions for completing the online form.

_____ has applied to be a member of the Board of Examiners for the Malcolm Baldrige National Quality Award and has indicated that you will provide a recommendation.

Examiners evaluate applicants for the Malcolm Baldrige National Quality Award based on the Criteria for Performance Excellence. Examiners review, analyze, and score written applications and prepare the final scorebooks that are the basis for feedback reports to applicants. They also participate in team consensus evaluations and visits to the applicant's site. In doing so, examiners are required to have expertise in business, education, or health care management processes and results; have knowledge of practices and improvement strategies leading to performance excellence; possess and use good analytical, writing, and oral communication skills; and work as team members. Examiners must meet the highest standards of qualification and peer recognition.

Using your peer group (professional colleagues) as a basis for comparison, please rank the applicant's knowledge in the following categories, which are drawn from the Baldrige Criteria for Performance Excellence.

	<i>Don't know</i>	<i>Bottom 50%</i>	<i>Top 50%</i>	<i>Top 25%</i>	<i>Top 10%</i>	<i>Top 1%</i>
1. Leadership	<input type="radio"/>					
2. Strategy	<input type="radio"/>					
3. Customers	<input type="radio"/>					
4. Measurement, Analysis, and Knowledge Management	<input type="radio"/>					
5. Workforce Focus	<input type="radio"/>					
6. Operations Focus	<input type="radio"/>					
7. Results	<input type="radio"/>					

Using your peer group (professional colleagues) as a basis for comparison, please rank the applicant's ability in the following areas.

	<i>Don't know</i>	<i>Bottom 50%</i>	<i>Top 50%</i>	<i>Top 25%</i>	<i>Top 10%</i>	<i>Top 1%</i>
1. Expertise in the management of business, education, health care, or nonprofit organizations	<input type="radio"/>					
2. Expertise in the analysis of results in business, education, health care, or nonprofit organizations	<input type="radio"/>					
3. Knowledge of practices and improvement strategies leading to performance excellence	<input type="radio"/>					
4. Writing skills	<input type="radio"/>					
5. Leadership skills	<input type="radio"/>					
6. Interpersonal skills	<input type="radio"/>					
7. Education or training skills	<input type="radio"/>					

RECOMMENDATION FORM (continued)

Applicant:
Recommender Name:
Position:
Employer:

Years you have known applicant:

Please evaluate the applicant's qualifications to be an examiner. (Maximum 1300 char)

On the applicant's request, the Baldrige Performance Excellence Program will make this recommendation available to the applicant.

Recommendation provider's signature

Date

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