



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



## CONSUMER NOMINATION PROCESS FOR SCIENTIFIC PEER REVIEW

### **NOTE: Military Personnel on Active Duty – Please Go to and Complete Only PART III**

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 résumé (volunteer, community, or employment experience) or curriculum vitae

**STEP 6:** Submit the final nomination package to:

Congressionally Directed Medical Research Programs  
Consumer Participation in Peer Review  
1077 Patchel Street  
Fort Detrick, MD 21702-5024  
[cdmrpconsumers@amedd.army.mil](mailto:cdmrpconsumers@amedd.army.mil)  
Fax: 301-619-7796



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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	



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**CONSUMER NOMINATION FORM FOR SCIENTIFIC MERIT REVIEW**  
**Part III. Military Personnel on Active Duty**

**STEP 1:** Clear your application to participate with your commanding officer.

**STEP 2:** Develop a personal statement that includes

- How you will represent others living with your condition/disease/injury
- How your developing the condition/disease/injury relates to your military service
- How you keep informed about issues or developments related to your condition/disease/injury and describe what resources you routinely use (e.g., support groups, internet, library, journals, seminars, or classes)
- If you have served in peer review before, what your experiences were and how you feel they have benefited others
- Description of a situation in which different views represented a barrier to the completion of a task and your approach to overcoming this
- How you would evaluate a scientific proposal in which the research proposed challenged your ideas, values and/or beliefs

**STEP 3: Complete the personal information below**

Nominee's Name:

Rank:

Military Service: USA USAF USMC USN USCG

Current Street Address (No P.O. Boxes):

City:

State:

Zip Code (+4):

Home Phone:

Home Fax:

Duty Organization:

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

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:

I have cleared my ability to participate with my commanding officer Yes No

**Required: Please attach CURRENT RESUME to this form.**

<b>***** Demographic Information*****</b>					
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		

**STEP 4:** Review the final package to ensure it is complete. The package must contain:

- a completed nomination form (Part III)
- your personal statement on education and contact with and/or outreach/support of others with your disease/ injury /condition
- your current résumé (volunteer, community, or employment experience) or curriculum vitae

**STEP 5:** Submit the final nomination package to:

Congressionally Directed Medical Research Programs Consumer Participation in Peer Review 1077 Patchel Street Fort Detrick, MD 21702-5024 <a href="mailto:cdmrpconsumers@amedd.army.mil">cdmrpconsumers@amedd.army.mil</a> Fax: 301-619-7796
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