

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

First Name: Middle Initial:
Last Name:
Title: Suffix:
Primary E-mail Address:
Alternate E-mail Address:
Primary Phone Number: Type:
Alternate Phone Number: Type:

Home Address

Non-U.S. Address: ☐
Address Line 1:
Address Line 2:
City:
State:
Zip:

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? ☐ Yes ☐ No

Employment Status:
Full Name of the Organization:
Position Title:
Position Description:

Non-U.S. Address: ☐
Address Line 1:
Address Line 2:
City:
State:
Zip:
Parent Organization Name:

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

Primary Organization Type:

Secondary Organization Type: ☐ K-12 Education ☐ Higher Education
☐ Other Education ☐ Healthcare
☐ Government ☐ Independent Consultancy
☐ Manufacturing ☐ Nonprofit
☐ Small Business ☐ 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:

☐ Chief Executive Officer ☐ Chief Human Resources Officer
☐ Chief Operations Officer ☐ President
☐ Principal ☐ Chief Financial Officer
☐ Chief Information Officer ☐ Partner
☐ Vice President ☐ Other

☐ Number of employees in your organization:

☐ Number of employees you manage/supervise:

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:*

- | | |
|--|--|
| <input type="checkbox"/> Charities | <input type="checkbox"/> Computer Hardware/Software |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Federal, State, and City Agencies |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Food Manufacturing |
| <input type="checkbox"/> Hotel and Hospitality | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Retail Merchandising | <input type="checkbox"/> None |

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

- | | |
|---|--|
| <input type="checkbox"/> BNS | <input type="checkbox"/> DDS |
| <input type="checkbox"/> DMD | <input type="checkbox"/> DO |
| <input type="checkbox"/> Imaging Specialist | <input type="checkbox"/> LPN |
| <input type="checkbox"/> MD | <input type="checkbox"/> Medical Device Specialist |
| <input type="checkbox"/> MSN | <input type="checkbox"/> OS |
| <input type="checkbox"/> Pharm-D | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Primary Laboratory Technician | <input type="checkbox"/> RN |
| <input type="checkbox"/> Any other degrees or work experience | <input type="checkbox"/> None |

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

- | | |
|---|---|
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Education Specialist |
| <input type="checkbox"/> K-12 Teacher | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Any other degrees or work experience | <input type="checkbox"/> None |

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:	<input type="text"/>
Degree:	<input type="text"/>
Concentration On:	<input type="text"/>
Non US Degree:	<input type="checkbox"/>
State:	<input type="text"/>
Year Obtained:	<input type="text"/>

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:	<input type="text"/>		
State:	<input type="text"/>		
Describe State and Local Program Experience:	<input type="text"/>		
The Name of the Program:	<input type="text"/>		
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:	<input type="text"/>
The Name of the Organization:	<input type="text"/>
Years Participated:	<input type="text"/>

Examiner Knowledge Skills & 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, & Abilities *(Essay)*

1. The ability to 'analytically' examine an award application is an important skill. Please describe your experience in selecting relevant information, analyzing it, and synthesizing it into a concise presentation.
(Maximum 1300 char)

2. The ability to convey your thoughts clearly and concisely in speaking and writing is a valuable skill in the evaluation process. It is also important promoting and representing the Baldrige Performance Excellence Program. Please describe your accomplishments in both oral and written communication by citing specific examples of your most recent and/or relevant experience. *(Maximum 1300 char)*

3. The Baldrige award evaluation process is team-based, especially at the consensus and site visit stages.

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

Criteria Category Expertise (Essay)

In addition to describing your expertise in the Baldrige Criteria categories, your responses to these two items will demonstrate your writing skills. Describe your work experience that, from the perspective an Award applicant, qualifies you to evaluate an organization in each of the Criteria categories. Do not include experience evaluating organizations within state or internal quality award programs.

Please plan to dedicate a block of time to complete this section and save your work often.

1. Within the Baldrige framework, the leadership triad emphasizes the importance of a leadership focus on strategy and customers/patients/students. Describe your work/personal experience, knowledge, and involvement that qualifies you to examine and provide feedback to an organization on these areas. This description should support your responses to questions 1 and 4 on the Examiner Knowledge, Skills, and Abilities form. *(Maximum 1300 char)*

2. Within the Baldrige framework, the results triad focuses on an organization's employees and key processes to accomplish the work that yields business/health care/student learning results. Describe your work/personal experience, knowledge, and involvement that qualifies you to examine and provide feedback to an organization on these areas. This description should support your responses to questions 2 and 3 on the Examiner Knowledge, Skills, and Abilities form. *(Maximum 1300 char)*

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:

Primary E-mail Address:

Employer:

Job Title:

Relationship to You:

Wish to waive your right to examine this letter of recommendation:

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 form no later than January 13, 2012, 8:00 p.m. EST.

Applicants who have never served on the board must include the names of recommenders in the forms 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 2012 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.						
	Don't know	Bottom 50%	Top 50%	Top 25%	Top 10%	Top 1%
1. Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Customer Focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Measurement, Analysis, and Knowledge Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Workforce Focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Operations Focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using your peer group (professional colleagues) as a basis for comparison, please rank the applicant's ability in the following areas.						
	Don't know	Bottom 50%	Top 50%	Top 25%	Top 10%	Top 1%
1. Expertise in the management of business, education, health care, or nonprofit organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Expertise in the analysis of results in business, education, health care, or nonprofit organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Knowledge of practices and improvement strategies leading to performance excellence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Writing skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Interpersonal skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Education or training skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RECOMMENDATION FORM (continued)

Applicant

Recommendation provider

Title

Employer

Applicant's phone no.

--

Years you have known applicant

Please evaluate the applicant's qualifications to be an examiner.

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

Recommendation provider's signature

Date

Electronic signature required.

--	--