

**National Institutes of Health
Committee Management Handbook**

Chapter IV - Illustration 9

	DEPARTMENT OF HEALTH AND HUMAN SERVICES REQUEST FOR APPROVAL OF NOMINEES FOR PUBLIC ADVISORY COMMITTEES		Date Prepared	<input type="checkbox"/>	Principal
				Name of Companion Nominee	<input type="checkbox"/>
Name of Nominee: (last, first, middle, prof. degrees) Doe, John P., MD, MPH This information should appear exactly (middle initial and each degree) on the nomination slate memo to the Secretary. The only difference should be is when a degree is not in IMPAC II.			Business Title: Professor of Medicine The most current title should be listed. If the nominee has two titles, use the title that best fits your committee's charge. If both titles are used on the nomination slate memo to the Secretary, this title should be first.		
Home Address: 3218 College Park Way College Park, MD 20752 If there is a home address on the CV, use here. If not, type Unknown. This will be the same for the Date of Birth and Place of Birth.			Business Address: School of Medicine University of Maryland Building 29, Room 5439 College Park, MD 20742 If complete mailing address in not on CV, research on web. This is the address the Secretary uses to mail the invitation to serve letter. No abbreviations or partial addresses. This information should also appear exactly on the nomination slate memo to the Secretary, except the mailing information (street, building, room, etc.). The city and state should be spelled out on the nomination slate memo to the Secretary.		
Date of Birth: Unknown			Place of Birth: Unknown		
Agency: Department of Health & Human Services		Proposed Committee:			
<input type="checkbox"/> Initial Appointment Proposed term: From: To:		<input type="checkbox"/> Reappointment Proposed term: From: To:		Current Term: From: To:	
				Name of Retiring Member: (Reappointment)	
				Termination Date:	
Sources of Recommendations:					
Name Dr./Mr./Ms., Name, Title, Institute Or Secretary, HHS					Date
Special Qualifications of Nominee (briefly describe unique qualifications)					
The information that appears in this section should appear word for word on the nomination slate memo to the Secretary. If possible, refrain from using abbreviations.					
Type of Qualifications Needed for Committee Position					

Previous Membership on DHHS Committees and Terms of Office	
Program Director Recommendation/Approval _____ BY: _____ Date	Agency Head Recommendation/Approval _____ BY: _____ Date
Department Committee Management Office Concurrence _____ BY: _____ Date	OPDIV HEAD Recommendation/Approval _____ BY: _____ Date
Assistant to the Secretary Recommendations _____ BY: _____ Date	SECRETARY'S APPROVAL _____ BY: _____ Date Secretary