

**NATIONAL INSTITUTES OF HEALTH
COMMITTEE MANAGEMENT HANDBOOK**

Chapter IV - Illustration 1

**IDENTIFICATION OF POTENTIAL ADVISORY COUNCIL OR PROGRAM ADVISORY COMMITTEE NOMINEES
NATIONAL INSTITUTES OF HEALTH
[Insert Year] SLATE**

COMMITTEE NAME AND INSTITUTE/CENTER:

Date of Vacancies _____
 Number of Vacancies _____
 Scientific Vacancies _____
 Public Vacancies _____

POTENTIAL NOMINEES AND/OR EXPERTISE REQUIRED

VACANCY NUMBER	NAME	DEPT. NOMINEE (YES/NO)	EXPERTISE REQUIRED	AFFILIATION	SCIENTIFIC/PUBLIC VACANCY	GENDER/MINORITY INFORMATION	OS APPROVAL (YES/NO)

OS REPLACEMENT NOMINEES

REPLACEMENT NOMINEE	AFFILIATION	NIH NOMINEE BEING REPLACED	COMMENTS

OS Signature _____ Title _____ Date _____

MEMBERSHIP WAIVERS (if required)