

FY 2021 Consumer Reviewer Electronic Nomination Form

Instructions for Completing the Consumer Reviewer Nomination Form

General Dynamics Information Technology (GDIT) has been contracted by the Department of Defense to recruit service members, veterans, medical practitioners, and the general public to serve as “consumer reviewers” on peer-reviewed panels reviewing biomedical research grant applications.

GDIT supports the **Congressionally Directed Medical Research Programs (CDMRP)**, which funds biomedical research grants, but does not itself perform research. GDIT’s role in the peer review process is to recruit panels with the requisite expertise, oversee pre-meeting critiques, facilitate the meeting, and deliver scores and summary statements for consideration at the next tier of CDMRP’s review process.

Consumer reviewers act as **lay** experts on their disease, injury, or condition, bringing their lived experience and perspectives to the evaluation of research grant proposals. Consumer reviewers provide crucial input to the panel, serving alongside scientific and medical experts to represent those most directly affected by the disease, injury, or condition being addressed. Consumer reviewers help to ensure grant proposals selected for funding have the greatest potential impact for our service members, veterans, and the American public.

Consumer Reviewer selection is a **multi-step process**. The selection process includes submission of this electronic nomination form, a current resume, and a written recommendation from an advocacy organization familiar with your advocacy work. Once these items are received, a telephone interview will be conducted with GDIT staff.

The number of consumers required each year is dependent upon the number of research proposals received; participation cannot be guaranteed. Once approved to serve, whether assigned in 2021 or not, your name will remain on our consumer listing and you will be contacted each year to determine your availability to serve.

Individuals selected to serve are engaged by GDIT as paid “consultants”, and subject to panel member, non-disclosure, and confidentiality agreements. All questions about assignments, payments, etc... are handled by GDIT.

Active duty military personnel selected as a consumer reviewer may request leave or may obtain orders to participate in the peer review meetings. Travel and accommodations for active duty personnel is dependent upon whether the Defense Travel System (DTS) is used for their travel to peer review meetings.

Additional information about CDMRP programs is available at <https://cdmrp.army.mil>.

Program Eligibility: To serve as a consumer reviewer you must meet the following criteria:

- ✓ Be living with the disease/injury/condition or be a family member or caregiver of a person living with a disease/injury/condition associated with a funded program;
 - ✓ For some programs, be a professional practitioner/health care provider who works with consumers in the disease/injury/condition funded program;
 - ✓ Be nominated by an advocacy organization based upon your active participation in advocacy, outreach, or educational activities;
 - ✓ Have at least a high school education or its equivalent;
 - ✓ Be fluent in listening, reading, speaking, and writing in English;
 - ✓ Be proficient in basic computer and web browser functions, including having an updated operating system, knowledge to update your computer if needed, and ability to download and install software like Adobe Reader;
 - ✓ Have an interest in expanding your scientific knowledge about your disease or injury;
 - ✓ Represent the views of the affected community, not just your personal perspective;
 - ✓ Be able to travel for in-person peer review meetings usually for a 2 -3 day duration plus travel days;
 - ✓ Meet the program-specific consumer eligibility requirements found on the CDMRP website: <https://cdmrp.army.mil>.
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If you meet the above criteria and the program-specific eligibility requirements continue reading "tips" for successfully completing this fillable nomination form.

- To access, view, download, complete, and print this fillable form, **you will need** to use the latest version of **Adobe Acrobat Reader**. Adobe Acrobat Reader is available for free and can be downloaded from the following web-site: <https://www.adobe.com>.
- **Complete this form offline** in Adobe Reader. Avoid completing the form online within your browser.
- Although you can fill in a form while it is displayed within your browser, we strongly recommend that you not do so. You run the risk of deleting all of your entered data.
- We recommend that you open the Acrobat Reader program, click on file/open, and **save the form to your computer**. Then locate the saved file on your computer's hard drive or desktop.
- **Complete the fillable form in Acrobat Reader independently from your browser** or your Internet connection.
- Be sure to **save the completed document!**
- Only electronic versions of the nomination form are acceptable.

Submission instructions are found on the last page.

NOMINEE INFORMATION

Last Name:

First Name:

M.I.:

Primary Email Address:

Preferred Phone:

Secondary phone:

Address:

City:

State:

Zip Code:

Highest Level of Education Attained:

Current Occupation:

If military, which branch?

Rank:

Military Service:

Select 1 primary program on which you are eligible to serve as a consumer reviewer.

Are you a survivor/patient? ^{Yes No}

Are you a family member or a caregiver of a survivor/patient? ^{Yes No}

Ethnicity:

Date of Birth:

Sponsoring or Nominating Organization:

Sponsor's Name:

Title:

Primary Email Address:

Preferred Phone:

Secondary Phone:

Address:

City:

State:

Zip Code:

PERSONAL STATEMENT

Directions: Answer each of the following questions as thoroughly as possible in a minimum of 4 to 6 sentences.

A. Please provide a brief overview of your journey with your injury, condition, and/or disease including diagnosis date(s) and indicating if you are currently receiving treatment and type of treatment(s).

B. Describe your activities as an advocate; what role do you serve in the organization that nominated you?

C. How would you represent others with this illness, injury, or condition when reviewing research proposals that may only affect a few?

D. How do you keep abreast and educated about your condition/disease/injury?

E. Have you served in any type of proposal/technical review capacity? Yes No

If yes, how would that experience lend itself to a scientific review panel?

If no, what interests you in serving on these scientific review panels?

F. You are expected to comment on scientific proposals that contain unfamiliar and/or scientific theory, for example: *cell biology, molecular biology, or pathobiology*. How will you prepare?

G. What if the research in the proposal challenged your ideas, values, and/or beliefs? For example, would you be comfortable reviewing research that involved animal or human studies, stem cell research, etc.?

Submission Instructions

Directions: Three items comprise a completed packet:

- 1. Completed, electronic nomination form**
- 2. A current resume**
- 3. Letter of nomination**

A letter of nomination from your advocacy organization is required to complete your official nomination packet. Letter of nomination must be on letterhead and written by staff familiar with your service.

Please identify if your letter will be:

GDIT employees are not responsible for notifying nominees if packets are incomplete or missing attachments. It is the nominee's responsibility to ensure all attachments are submitted.

You will be notified by email when a completed packet is received. GDIT will process packets as received, and staff will contact you to arrange a telephone interview. Time between receipt of packet and contact by a GDIT employee can be up to 4 weeks.

Send all documents via email, as attachments to:

Elena.Joos@gdit.com

If you have any questions please contact Elena Joos,
Consumer Reviewer Administrator at 301-835-4051

GDIT