**Examiner Application - 2022-2023**

**Returning Examiners:**

Complete this Examiner Application, scan and email (2-Pages ONLY) to margot.hoffman@partnershipohio.org

**New Examiners**: There is a $125.00 New Examiner Orientation Fee payable by credit card or check:

* BY CREDIT CARD: Complete this Examiner Application, scan and email (2-Pages ONLY) to margot.hoffman@partnershipohio.org An electronic invoice will be emailed to you for online payment.
* BY CHECK: Print and complete application, then scan and email (2-Pages ONLY) to margot.hoffman@partnershipohio.org and mail the completed application with your check to: The Partnership for Excellence, 829 Bethel Road #212, Columbus, Ohio 43214.

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sector You Work in – *check one***

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Business \_\_Nonprofit

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Health Care \_\_Education

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Government

My phone contact preference is (*check one*) home work cell no preference

Years of Prior Examiner Experience

TPE examiner: \_\_\_\_\_\_ years National Baldrige Examiner: \_\_\_\_\_\_ years

Other State/Type Examiner: \_\_\_\_\_\_ years/ State/Type Program: \_\_\_\_\_\_\_

We plan to send your supervisor/employer a thank you letter. Please provide the following information:

Supervisor’s Name/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAINING**

New Examiners must attend the New Examiner Orientation at one of two locations:

 Ohio - (OCT 4, 2022) Baldrige Foundation, 250 West Old Wilson Bridge Rd, Worthington, OH

Indiana - (OCT 11, 2022) Hendricks Regional Health Brownsburg Hospital, 5492 Ronald Reagan Pkwy, Brownsburg, IN

**New Examiner Fee = $125.00**

* Check here if you are a new examiner and will be attending the **Oct. 4** session in Ohio.
* Check here if you are a new examiner and will be attending the **Oct. 11** session in Indiana.
* Check here if you have included a check or money order with this application.
* Check here if you are paying by credit card. An electronic invoice will be emailed for online payment.

All Examiners (new and returning) must complete a case study and remote learning modules in a LMS (Learning Management System) and attend one virtual session consisting of two consecutive half-days of Examiner Training in November. There is no fee for this portion of training. However, a *non-completion of responsibilities* fee of $550 will be charged to any examiner who does not complete the entire TPE examining cycle through site visit and final feedback report.

Please indicate the **one** virtual Examiner Training session you prefer to attend: (*Note: specifics- hours, video conference links, etc.- will be sent to each Examiner at a later date*)

* November 3 – 4, 2022
* November 7 – 8, 2022
* November 9 – 10, 2022
* November 14 – 15, 2022

**ADDITIONAL INFORMATION**

Please indicate your highest level of education:

\_\_\_\_Associate degree \_\_\_\_Undergraduate degree \_\_\_\_Master’s degree

\_\_\_\_Doctorate degree \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name You Prefer on Your Examiner Badge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name You Prefer on Your Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I understand and agree to the responsibilities of being a TPE examiner***

***and I agree to adhere to TPE’s Code of Ethical Conduct.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE REQUIRED DATE