**Time Critical Diagnosis Advisory Committee**

**Nomination Form**

With the signing of HB 2331 into law, a new Time Critical Diagnosis Advisory Committee has been established with the purpose of advising and making recommendations to the department on:

* Improvement of public and professional education related to TCD;
* Engagement in cooperative research endeavors;
* Development of standards, protocols, and policies related to TCD, including recommendations for state regulations; and
* Evaluation of community and regional time-critical diagnosis plans, including recommendations for changes;
* The committee shall consult with the state advisory council on emergency medical services regarding issues involving EMS.

The members of the committee shall serve without compensation.

Nominations are being accepted through **Friday, October 7th, 2022**. Per the statute, the committee will be comprised of 16 members from applications submitted for appointment, representing the following interests:

* Six members, one from each EMS region, who are active participants providing emergency medical services, with at least:
	+ One member who is a physician serving as a regional EMS medical director;
	+ One member who serves on an air ambulance service;
	+ One member who resides in an urban area; and
	+ One member who resides in a rural area; and
* Ten members who represent hospitals, with at least:
	+ One member who is employed by a level I or level II trauma center;
	+ One member who is employed by a level I or level II STEMI center;
	+ One member who is employed by a level I or level II stroke center;
	+ One member who is employed by a rural or critical access hospital; and
	+ Three physicians with:
		- **one** physician certified by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM); and
		- **two** physicians employed in time-critical diagnosis specialties at a level I or level II trauma center, STEMI center, or stroke center.
* The state EMS medical director shall serve as an ex officio member of the committee.
* Administrative support will be provided by the Regulation & Licensure Division.

A reasonable effort will be made to ensure that the members representing hospitals have geographical representation from each district of the state designated by a statewide nonprofit membership association of hospitals. Although the Committee meeting schedule has not yet been formally established, it is anticipated that meetings will occur at least quarterly. Members will attend via web ex unless otherwise noted by the Committee.

Nomination Information:

* I am submitting a self-nomination. Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tell us which position on the committee best fits you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am nominating the following individual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which position fits the nominee best: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the individual aware that you have nominated them? YES NO

Please tell us why you would like to serve on this committee, including past or present TCD roles/ initiatives, or why you nominated this person (you may attach your response on a separate sheet):

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

***Contact Information:***

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone number you can be reached during business hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach a recent CV or resume with this nomination. Personal letters of referral are welcomed, and should be attached along with your CV or resume. **Please do not include more than 3 referral letters.** A letter from your employer approving participation in this committee may be submitted instead of referral letters. Committee appointment is for a three-year term. However, initial appointments shall include extended terms for some members in order to establish a rotation to ensure that only approximately one-third of the appointees will have their term expire in any given year. To ensure continuity of the Committee, initial members will be assigned to a three-year, four-year, or five-year commitment. If you have a preference, please indicate below:

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All completed nominations must be forwarded to steve.bollin@health.mo.gov by October 7th. Also, if you have any questions, please direct them to Steve Bollin, Director, Division of Regulation & Licensure, via e-mail at steve.bollin@health.mo.gov, or by phone at 573-751-8535.

Thank you for your interest in the Time Critical Diagnosis Advisory Committee.