

BALDRIGE EXAMINER APPLICATION NEW APPLICANT SCREENSHOTS

Login Page:



APPLICATION DEADLINE: January 10, 2013, at 6:00 PM ET

If you are a returning applicant or an returning examiner, your user name and password were sent by e-mail on November 27. Please read [Become an Examiner](#) to review the requirements and the process. To access the Examiner Application, please use your user name and password to log in. If you did not receive your account information by e-mail, please call the Baldrige Program at 1-877-237-9064 (option 2).

If you are a new applicant, please read [Become an Examiner](#) to review the requirements and process before creating your account. If you do not have an account, please click **Create Your Account** below. A user name and a temporary password will be sent to you via e-mail.

WARNING! WARNING! WARNING!

This is a U.S. government computer system, which may be accessed and used only for authorized government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil, and/or administrative action.

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Examiner Application Login

Username: *

Password: *

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Status: Not Submitted **Deadline:** April 30, 2013 at 6:00 PM ET **System Message:** Hello JW109719

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[Letter from the Director](#)

Thank you for your interest in joining the 2013 Malcolm Baldrige National Quality Award Board of Examiners.

To continue with your application, click on the links at the left.

You do not have to complete the online application in one sitting, and you may change your answers as many times as you like before you submit the application. Be sure to click **Save & Continue** after updating each page.

After you submit your application, you will receive a confirmation e-mail. Save this e-mail for your records. If you do not receive an e-mail, log on to your account and check the status of your application at the top left of the screen. If it is not "Submitted," click [Certify & Submit Application](#) to submit your application.

In accordance with the Paperwork Reduction Act

OMB Clearance #0693-0006

Expiration Date: March 13, 2013

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number.

The public reporting burden for this collection is estimated to average 100 hours for the initial response of the first-time applicant (this includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the relevant data, and completing and reviewing the collection of information). As the organization reapplies for the award in future years, this burden may change, in either direction, based on the feedback the respondent gains from its first application.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to

Director
Baldrige Performance Excellence Program
National Institute of Standards and Technology
Administration Building, Room A600
100 Bureau Drive, Stop 1020
Gaithersburg, MD 20899-1020

and to
Office of Information and Regulatory Affairs
Office of Management and Budget
Washington, DC 20503

[Begin Application >>](#)

Contact Information Page

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8% Complete, Not Submitted

Contact Information

Save & Continue >> * Denotes required field

Please verify/update your contact information:

First Name: * Middle Initial:

Last Name: *

Title: * Suffix:

Primary E-mail Address: *

Confirm E-mail Address: *

Alternate E-mail Address:

Primary Phone Number: *

Primary Phone Type: *

Alternate Phone Number:

Alternate Phone Type:

Home Address

Non-U.S. Address:

Addresses cannot contain a PO Box Number.

Address Line 1: *

Address Line 2:

City: *

State: *

Zip: * -

Save & Continue >>

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Employment

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Employment

Contact Information Saved Successfully ✕

You don't currently have a primary employment. Please make sure you have a primary employment before submitting. ✕

[Save & Continue >>](#)

Please enter your last ten years of employment experience, marking your current or most recent employment record as primary. Your primary/most recent employment record will be used to populate your primary work address. If you have more than one current employer, only one can be marked as primary. If you change primary employers, please remember to update your employment status (e.g., if retired or no longer employed) and include an end date for your previous employer.

* Primary Job.
[+Add Employment](#)

This section is complete

[Save & Continue >>](#)

Primary Employment Form

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0% Complete, Not Submitted

Employment

Save Cancel * Denotes required field

Current or Most Recent Employment
Please use this form to describe your current or most recent primary job. If unemployed or retired, please provide information on your most recent employment below.

Primary Work? Yes No

Employment Status: *

Full Name of the Organization: *

Position Title: *

Position Description: *

Used 0 of 450 allowed characters.

Non-U.S. Address:

Addresses cannot contain a PO Box Number.

Address Line 1: *

Address Line 2: *

City: *

State: *

Zip: * - *

Does it have a parent organization? *

Yes No

Dates of Service: * From: (mm/yyyy)

To: (mm/yyyy or leave blank)

Primary Organization Type: *

Secondary Organization Type: (Select all that apply)

<input type="checkbox"/> K-12 Education	<input type="checkbox"/> Higher Education
<input type="checkbox"/> Other Education	<input type="checkbox"/> Health Care
<input type="checkbox"/> Government	<input type="checkbox"/> Independent Consultancy
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Nonprofit
<input type="checkbox"/> Small Business	<input type="checkbox"/> Service

Are you a C-Level executive (i.e., CEO, CFO, CIO) or a senior leader in your organization? *

Yes No

Save Cancel

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Historic Employment Page

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Employment

* Denotes required field

Other Historical Employment Information

Please use this form to describe a previous or current non-primary job.

Primary Work? * Yes No

Employment Status: *

Full Name of the Organization: *

Position Title: *

Non-U.S. Address:

City: *

State: *

Does it have a parent organization? * Yes No

Dates of Service: * From: (mm/yyyy)
To: (mm/yyyy or leave blank)

Primary Organization Type: *

Are you a C-Level executive (i.e., CEO, CFO, CIO) or a senior leader in your organization? * Yes No

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NAICS Code

* Denotes required field

Please provide more information on areas of professional expertise that are relevant in evaluating an organization's performance. Federal agencies use the North American Industry Classification System (NAICS) to classify organizations for collecting, analyzing, and publishing data related to U.S. business.

The complete list of [NAICS Codes](#) is listed here.

Choose the most relevant NAICS codes (input NAICS code or start typing description):

NAICS 1 (Primary): *

NAICS 2:

NAICS 3:

NAICS 4:

NAICS 5:

Preferred Mailing Address

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Preferred Mailing Address

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Select your preferred mailing address for receiving examiner, team, and other program-related material. *

Other Address

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Professional Information

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0% Complete, Not Submitted

Professional Information

Save & Continue >>

* Denotes required field

Please provide information on your areas of professional expertise (specialized or sector-related) that are relevant in evaluating an organization's performance.

Do you have any expertise in the following industries or professions?

- | | |
|--|--|
| <input type="checkbox"/> Charities | <input type="checkbox"/> Computer Hardware/Software |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Federal, State, and City Agencies |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Food Manufacturing |
| <input type="checkbox"/> Hotel and Hospitality | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Retail Merchandising | |

Do you have a degree or work experience in health care?

- | | |
|--|--|
| <input type="checkbox"/> BNS | <input type="checkbox"/> DDS |
| <input type="checkbox"/> DMD | <input type="checkbox"/> DO |
| <input type="checkbox"/> Imaging Specialist | <input type="checkbox"/> LPN |
| <input type="checkbox"/> MD | <input type="checkbox"/> Medical Device Specialist |
| <input type="checkbox"/> MSN | <input type="checkbox"/> OS |
| <input type="checkbox"/> Pharm-D | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Primary Laboratory Technician | <input type="checkbox"/> RN |
| <input type="checkbox"/> Any other degrees or work experience: | |

Do you have a degree or work experience in education?

- | | |
|--|---|
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Assistant Superintendent |
| <input type="checkbox"/> Dean | <input type="checkbox"/> Education Specialist |
| <input type="checkbox"/> K-12 Teacher | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Any other degrees or work experience: | |

May we send your contact information to the Alliance for Performance Excellence, which consists of state, local, and other Baldrige-based programs, as a potential examiner or subject-matter expert? *

Please note: The Baldrige Program does not control how your contact information will be managed once it is sent to other programs.

- Yes
 No
 Already Involved

Save & Continue >>

Education Related Pages

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0% Complete, Not Submitted

Education

[Save & Continue >>](#)

List all completed or in-process degrees. Include the degree and year it was or will be obtained, the educational institution, and the state or country.

[+Add Education](#)

This section is complete

[Save & Continue >>](#)

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0% Complete, Not Submitted

Education

[Save](#) [Cancel](#) * Denotes required field

Institution Name: *

Degree: *

Concentration On: *

Non-U.S. Degree:

State: *

Year Obtained: *

[Save](#) [Cancel](#)

Baldrige Related Experience

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0% Complete, Not Submitted

Baldrige Related Experience

Save & Continue >>

Please provide your experience in evaluating or preparing Baldrige-like applications for internal, state, local, international, association, or other organizational award programs. Also include experience with internal or supplier Baldrige-based assessment processes. For each program, indicate the type and name of the program, your role(s), and the number of years of your involvement.

+Add Baldrige Related Experience

This section is complete

Save & Continue >>

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Baldrige Related Experience

* Denotes required field

Type of the Award Program: *

State: *

Describe State and Local Program Experience: *

Used 0 of 450 allowed characters.

The Name of the Award Program: *

- Roles: * (Select all that apply)
- Application Author
 - Consensus/Site Visit Team Leader
 - Examiner
 - Feedback/Tech Writer/Editor
 - Judge

Years From: * To: *

Program Director

Other

Years From: * To: *

Please Specify: *

Other Relevant Exp.

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46% Complete, Not Submitted



Other Relevant Professional Experience

Save & Continue >>

Please list your publications, certifications, and presentations from professional and other organizations that are relevant to assessing organizational performance excellence using the Baldrige Criteria. Indicate the title of the publication, certification, or presentation; the organization; and the number of years of involvement.

+Add Other Relevant Experience

This section is complete

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0% Complete, Not Submitted

Other Relevant Professional Experience

 * Denotes required field

Publication, Certification, or Presentation: *

The Name of the Organization: *

Years Participated: * ▾

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62% Complete, Not Submitted

Knowledge, Skills, and Abilities Multiple Choice Questions

* Denotes required field

Save & Continue >>

Which of the following best describes your strategic planning experience? *

- As a strategic planning expert, I established strategic plan objectives and action plans and I measured these plans using key performance measures or indicators.
- I led strategic planning over a number of years or with a variety of organizations.
- I have participated substantially in the strategic planning process.
- I have had limited participation in the strategic planning process.
- I have no experience in the strategic planning process.

Which of the following best describes your experience designing work systems and managing and improving work processes for implementing those work systems? *

- I am a recognized expert in work system design and work process management.
- I have significant experience in work system design and work process management.
- I have direct involvement in the design and delivery of the key processes of my organization.
- I have a substantial educational background and/or substantial training in process management.
- I have no experience in process management.

Which of the following best describes your experience engaging, managing, and developing an organization's workforce? *

- I have held one or more leadership or supervisory positions and I have made organization-wide decisions regarding employee recruitment, benefits, training, development, and/or safety.
- I have supervised a large enough group of employees to understand workforce engagement approaches and issues.
- I have had first-line supervisory responsibility for implementation of training and/or implementation of workforce policies.
- I have had training in workforce policies and practices.
- I have no experience in workforce policies and practices.

Which of the following best describes your experience with systematic processes and formal methodologies for determining customer/student/patient satisfaction, customer/student/patient relationships, market knowledge, and customer/student/patient/stakeholder requirements? *

- As an expert in this field, I routinely determine the design requirements of key customer processes, measure processes that meet these requirements, and improve processes to achieve better performance.
- I have had significant experience with customer relationship management processes in a variety of settings over a number of years.
- I have implemented and improved customer relationship and management processes and methodologies.
- I have had formal education or training in these processes and methodologies.
- I have no experience in these processes and methodologies.

Save & Continue >>

KSA Essay

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69% Complete, Not Submitted



Knowledge, Skills, and Abilities Essay Questions

Knowledge, Skills, and Abilities Responses Saved Successfully

Save & Stay

Save & Continue >>

* Denotes required field

Please plan to dedicate a block of time to complete this section. We suggest that write your essays in a word processing application, then copy/paste into the text boxes provided below. Save your work very often by clicking the Save button.

The ability to "analytically" examine an award application is an important skill. Please describe your experience in selecting relevant information, analyzing it, and synthesizing it into a concise presentation. *

Used 0 of 1300 allowed characters.

The ability to convey your thoughts clearly and concisely in speaking and writing is a valuable skill in the evaluation process. It is also important in promoting and representing the Baldrige Performance Excellence Program. Please describe your accomplishments in both oral and written communication by citing specific examples of your most recent and/or relevant experience. *

Used 0 of 1300 allowed characters.

The Baldrige Award evaluation process is team-based, especially at the consensus and site visit stages. Please briefly describe your experience on teams and the reasons you are an effective team member. *

69% Complete, Not Submitted



experience. *

Used 0 of 1300 allowed characters.

The Baldrige Award evaluation process is team-based, especially at the consensus and site visit stages. Please briefly describe your experience on teams and the reasons you are an effective team member. *

Used 0 of 1300 allowed characters.

Please tell us why you want to become a national Baldrige examiner. *

Used 0 of 1300 allowed characters.

Save & Stay

Save & Continue >>

CCE Essay

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85% Complete, Not Submitted



Criteria Category Expertise

Knowledge, Skills, and Abilities Essays Saved Successfully ✕

In addition to describing your expertise in the Baldrige Criteria categories, your responses to these two items will demonstrate your writing skills. Describe your work experience that, from the perspective of an award applicant, qualifies you to evaluate an organization in each of the Criteria categories. Do not include experience evaluating organizations within state or internal quality award programs.

Please plan to dedicate a block of time to complete this section. We suggest that you write your essays in a word-processing application, then copy/paste into the text boxes provided below.

Save & Stay

Save & Continue >>

Within the Baldrige framework, the leadership triad emphasizes the importance of a leadership focus on strategy and customers/patients/students. Describe your work/personal experience, knowledge, and involvement that qualifies you to examine and provide feedback to an organization on these areas. This description should support your responses to questions 1 and 4 on the Examiner Knowledge, Skills, and Abilities multiple choice questions page. *

Used 0 of 1300 allowed characters.

Within the Baldrige framework, the results triad focuses on an organization's employees and key processes to accomplish the work that yields business/health care/student learning results. Describe your work/personal experience, knowledge, and involvement that qualifies you to examine and provide feedback to an organization on these areas. This description should support your responses to questions 2 and 3 on the Examiner Knowledge, Skills, and Abilities multiple choice questions page. *

Used 0 of 1300 allowed characters.

Save & Stay

Save & Continue >>

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Recommendation Providers

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For your application to be considered, two individuals must submit recommendations on your behalf via the online system by the application deadline. No other form of recommendation is accepted. Recommenders may not be relatives, friends, or sitting members of the Baldrige Program's Panel of Judges. We suggest that you select recommenders early to give them sufficient time to respond.

Following are steps for selecting and notifying your recommenders:

1. Identify up to four recommenders.
2. Click on the "Add Recommendation Provider" button to enter the name and e-mail address of the first recommender, and click "Send E-mail." The recommender will receive an e-mail containing a link to the online system and a pass code enabling him or her to log in and complete the recommendation. Add up to three more recommenders in the same way. Once the recommenders have logged in and begun their recommendations, a date will appear on the "started" line, and you will no longer be able to edit their information.
3. Monitor your e-mail for notification that the Baldrige Program has received a completed recommendation. We will add only the two newest recommendations received to your file, and you may not delete a recommendation after the program has received it.
4. If you wish, once you have received two notifications, delete the remaining recommenders. If you sent an e-mail to the recommenders and decided to remove them, deleting the recommenders will generate an e-mail informing them that you no longer require their recommendations.
5. If you wish, send reminder e-mails to your recommenders by clicking "Send E-mail."

[+Add Recommendation Provider](#)

[Save & Continue >>](#)

Add Recommendation Provider

Status: Not Submitted **Deadline:** April 30, 2013 at 6:00 PM ET **System Message:** Hello LH109211

Application Forms

- Contact Information >
- Employment Information >
- NAICS Code >
- Preferred Mailing Address >
- Professional Information >
- Education >
- Baldrige-Related Experience >
- Other Relevant Professional Experience >
- Examiner Knowledge, Skills, & Abilities
 - KSA - Multichoice
 - KSA - Essay
- Criteria Category Expertise >
- Recommendation Provider >
- Review Application >
- Certify & Submit Application >

0% Complete, Not Submitted

Recommendation Providers

* Denotes required field

First Name: *

Last Name: *

E-mail Address: *

Confirm E-mail Address: *

Employer:

Job Title:

Relationship To You:

Wish to waive your right to examine this letter of recommendation: *

Yes No

Note for the recommendation provider:

Used 0 of 450 allowed characters.

Status: Not Submitted **Deadline:** April 30, 2013 at 6:00 PM ET **System Message:** Hello LH109211

Application Forms

Contact Information	>
Employment Information	>
NAICS Code	>
Preferred Mailing Address	>
Professional Information	>
Education	>
Baldrige-Related Experience	>
Other Relevant Professional Experience	>
Examiner Knowledge, Skills, & Abilities	>
o KSA - Multichoice	
o KSA - Essay	
Criteria Category Expertise	>
Recommendation Provider	>
Review Application	>
Certify & Submit Application	>

0% Complete, Not Submitted

Certify & Submit Application

Application is not Complete

You have not completed all sections of the application. Please review sections that are not checked in the Application Forms pane on the left side of this screen or click Review Application, and then complete all required fields and sections.

Recommendation Provider Info

You have not provided your references yet. Your application will not be evaluated if we don't receive two recommendation letters by the application deadline.

You will not be able to change any of the information in your application after you click "Submit Application." Your responses will become the official property of the Baldrige Performance Excellence Program.

Board members are selected on the basis of their personal qualifications and are not considered representatives of their employers or any other organization. Efforts are made to ensure broad representation on the Board of Examiners and to minimize disproportionate involvement from one industry, sector, or single organization. Applications are evaluated on the basis of

- Criteria category expertise
- Breadth and depth of experience
- Specialized expertise
- Examiner knowledge, skills, and abilities

Recommendation Providers' Status:

No Recommendation Providers have been listed.

In applying for a volunteer position on the Malcolm Baldrige National Quality Award Board of Examiners, I attest to the accuracy of the information in this application. Enter your full name (FirstName LastName) as your signature.

I certify that I have read and understand the above statement.*

Full Name: *

(FirstName LastName)

Submit Application >>

Status: Submitted **Deadline:** January 10, 2013 at 6:00 PM ET **System Message:** Hello EK109198

Application Forms

- Confirmation >
- Recommendation Providers >
- Review Application >

Confirmation

Application Submitted Successfully ×

Your application is submitted on 12/06/2012, 11:02 AM. An application submission confirmation e-mail is sent to your _____ mail account. You may [print](#) or save your application for future reference. If you are a new applicant, you may monitor your recommendation status, send reminder e-mails to your recommenders, and/or add new recommender information before the application deadline.

If you want to update your contact information or withdraw your application, please contact the Baldrige Program.

Notification e-mails will be sent to all examiner candidates by the end of March 2013, indicating your selection status. Selected examiners must return the confirmation notice immediately upon receipt. Detailed information will be included.