

Self-Nomination for Funding Opportunity Special Emphasis Panel Managed by NINDS

OMB#: 0925-0766 Expiration date: 04/2023

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0766). Do not return the completed form to this address.

Filling out this form indicates self-nomination to serve on a special emphasis panel that is being assembled to review applications responding to the Funding Opportunity Announcement (FOA) [RFA-NS-23-012: Amyotrophic Lateral Sclerosis \(ALS\) Intermediate Patient Population Expanded Access \(U01 Clinical Trial Required\) \(nih.gov\)](#)

For more information about self-nomination or the special emphasis panel email review4ninds@nih.gov.

1. I am a:
 - person living with ALS
 - caregiver for person(s) living with ALS
 - loved one of a deceased person who lived with ALS
 - person at risk of developing ALS (includes pre-manifest)
 - other _____
2. First name: _____
3. Last name: _____
4. Email address: _____
5. Phone number: _____
6. Confirm you meet the following Qualifications of Eligibility.
 - I can maintain confidentiality and protect the integrity of the peer review process.
 - I can follow instructions and be fair and objective in my evaluations.
 - I can clearly and succinctly articulate my views through oral and written communications (use of a proxy and/or accommodations permitted).

- ✓ I can be open-minded regarding disparate opinions (consensus while desirable, is not always possible on review panels).
- ✓ I have a reasonable command of the English language
- ✓ I have a reasonable level of comfort with email and in navigating the internet (downloading and uploading files, filling forms etc.).
- ✓ I have an appreciation of the need for clinical trials and protection of research participants in clinical research.
- ✓ I am comfortable expressing individual opinion(s) on a panel of clinician scientists and other subject matter experts.
- ✓ I am willing to have my name publicly posted on the Scientific Review Group Roster.
- ✓ I am available and able to participate in review meetings including possible full days, and/or multiple days via videoconference.

7. Share the reason(s) for your interest in participating as a public reviewer (200-word limit).
Text box _____

8. Provide a brief description of any relevant experience; for example, experience with the disease, experience seeking out or participating in clinical research, or experience interacting with the broader ALS community. Please be as specific as possible relating to involvement and/or interactions (ex. advisory, consultancy, participatory) with regard to research efforts (200-word limit).
Text box _____

9. Involvement in a clinical trial that is testing a therapy proposed in an application to this FOA will constitute a conflict of interest for this review. Do you have reason to think you may have a conflict of interest (200-word limit)?
Text box _____

10. Please list accommodation requests, including use of a communication proxy, or communication technology (200-word limit).
Text box _____

11. Please send one resume (in Microsoft Word format) to review4ninds@nih.gov with the Subject: Self-Nomination for ALS SEP - FULL NAME. If you are unable to send your resume by email, please explain in the "other" box.

- ✓ I will provide my resume in Microsoft Word format by the self-nomination deadline
- ✓ Other

12. If I am not selected for this special emphasis panel, please retain my data for future possible engagement opportunities.

- ✓ Yes, NINDS can retain the information listed here and my resume to connect with me in the future.
- ✓ No, please do not contact me about future engagement opportunities.
- ✓ Other

Form complete screen:

Thank you for your interest in engaging with NIH. We will be in contact with you regarding your submission. If you have questions or concerns email review4ninds@nih.gov.