Examiner Application New Applicant Screenshots

Examiner Application
Baldrige Performance Excellence Program | NIST

The Baldrige Examiner applicants, before starting your application, **please review the information on the Become a Baldrige Examiner page, including the links on the screen to understand the requirements and the process.** If you have any problems or questions about the examiner application, please read the Baldrige Examiner Application FAQs.

2021-2024 Returning examiners, your username and password were sent in two different emails on January 6th. If you did not receive your account information by email, please email the Examiner Application Help Center at examappl@nist.gov.

Examiner Application Login

Username:* [Username]

Password:* [Password]

[Login]

If you forgot your password, click on the Forgot Your Password? link to reset your password. More than two failed password attempts locks your account.

Forgot Your Password?   Create Your Account

Application Forms

- ✔ **Contact Information** ›
- ✔ Employment Information ›
- ✔ NAICS Code ›
- ✔ Preferred Mailing Address ›
- ✔ Professional Information ›
- ✔ Education ›
- ✔ State Examiner Experience ›
- ✔ Recommendation Provider ›
  1. Elif Karakas
  2. John Smith
- ✔ Knowledge, Skills, & Abilities ›
- Review Application ›
- Certify & Submit Application ›

100% Complete, Not Submitted

Contact Information

Verify/update your contact information:

Field	Value
Official First Name:*	Elif
Nickname:	
Middle Name:	
Last Name:*	Karakas
Title:*	Mrs.	Suffix:	
Primary Email Address:*	elif.karakas@nist.gov
Confirm Email Address:*	elif.karakas@nist.gov
Alternate Email Address:	email_33888@example.com
Primary Phone Number:*	444-4474937
Primary Phone Type:*	Home
Alternate Phone Number:	222-5340476
Alternate Phone Type:*	Cell

Home Address

Non-U.S. Address: ☐

Addresses cannot contain a PO Box Number.

Field	Value
Address Line 1:*	
Address Line 2:	
City:*	ank
State:*	Massachusetts
Zip:*	23456 -

Save & Continue >>

Application Forms

- ✔ Contact Information ›
- ✔ **Employment Information** ›
- ✔ NAICS Code ›
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100% Complete, Not Submitted

Employment

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 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.

Organization	Dates	Position	Delete
✱ Primary Emp_22916 test record	10/2012-	IT Spec	🗑 Delete

+ Add Employment

☑ **This section is complete**

Save & Continue >>

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:* [   ] - [   ]

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

Primary Organization Type:* [▼]

Secondary Organization Type:
(Select all that apply)

☐ K-12 Education   ☐ Higher Education
☐ Other Education   ☐ Health Care
☐ Government   ☐ Independent Consultancy
☐ Manufacturing   ☐ Nonprofit
☐ Small Business   ☐ Service

Does it have a parent organization? *
○ Yes   ● No

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

[Save] [Cancel]

Application Forms

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100% Complete, Not Submitted

Employment

Save   Cancel   * 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:* [⌄]

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

Primary Organization Type:* [⌄]

Does it have a parent organization? *   ○ Yes   ◉ No

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

Save   Cancel

Application Forms

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100% Complete, Not Submitted

NAICS Code

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 from the list or start entering description of your type of industry):

NAICS 1 (Primary):* 561

NAICS 2: 238

NAICS 3:

NAICS 4:

NAICS 5:

Save & Continue >>

Application Forms

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100% Complete, Not Submitted

Preferred Mailing Address

Select your preferred mailing address for receiving examiner, team, and other program-related material. To update your work address, click on the "Employment Information" link at the left menu, then open the primary job record to update the work address.*

○ Home Address   100 bureu dri
           ank, MA 23456

○ Work Address   work address
           ank, KY 87999
           Reunion

◉ Other Address   Non-U.S. Address: ☑

Addresses cannot contain a PO Box Number.

Address Line 1:*	
Address Line 2:	
City:*	
Province:	
Postal Code:*	45678
Country:*	Argentina ▾

Save & Continue >>

Application Forms

✔ Contact Information	>
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✔ Knowledge, Skills, & Abilities	>
Review Application	>
Certify & Submit Application	>

100% 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?

- ☑ Utilities
- ☐ Technical Schools
- ☐ Finance
- ☐ Retail Merchandising

- ☐ Information Technology
- ☐ Federal, State, or City Agencies
- ☐ Cyber Security
- ☑ Other Nonprofit:

[Other NP]

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

- ☐ BSN
- ☐ DO
- ☐ LPN
- ☐ Medical Device Specialist
- ☐ Pharm-D
- ☐ Primary Laboratory Technician
- ☑ Any other work experience or degrees in health care:

- ☐ DDS
- ☐ Imaging Specialist
- ☐ MD
- ☐ MSN
- ☐ Physical Therapist
- ☑ RN

[HC other]

Do you have work experience or a degree in education?

- ☑ Assistant Principal
- ☐ Dean
- ☐ K-12 Teacher
- ☐ Professor
- ☑ Any other work experience or degrees in education:

- ☐ Assistant Superintendent
- ☐ Education Specialist
- ☐ Principal
- ☐ Superintendent

[Other Edu]

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 >>

Application Forms

✔ Contact Information	›
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✔ Preferred Mailing Address	›
✔ Professional Information	›
✔ **Education**	›
✔ State Examiner Experience	›
✔ Recommendation Provider	›

     1. Elif Karakas
     2. John Smith

✔ Knowledge, Skills, & Abilities	›
Review Application	›
Certify & Submit Application	›

Education

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

Institution Name	Degree	Delete
UGA	Master	🗑 Delete

➕ Add Education

☑ **This section is complete**

Save & Continue >>

100% Complete, Not Submitted

Application Forms

✔ Contact Information	›
✔ Employment Information	›
✔ NAICS Code	›
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✔ Professional Information	›
✔ Education	›
✔ State Examiner Experience	›
✔ Recommendation Provider	›

     1. Elif Karakas
     2. John Smith

✔ Knowledge, Skills, & Abilities	›
Review Application	›
Certify & Submit Application	›

Education

Save   Cancel   * Denotes required field

Institution Name:* [_____]

Degree:* [_____ ▾]

Concentration On:* [_____]

Non-U.S. Degree: ☐

State:* [_____ ▾]

Year Obtained:* [_____ ▾]

Save   Cancel

100% Complete, Not Submitted

Application Forms

- ✔ Contact Information ❯
- ✔ Employment Information ❯
- ✔ NAICS Code ❯
- ✔ Preferred Mailing Address ❯
- ✔ Professional Information ❯
- ✔ Education ❯
- ✔ **State Examiner Experience** ❯
- ✔ Recommendation Provider ❯
  1. Elif Karakas
  2. John Smith
- ✔ Knowledge, Skills, & Abilities ❯
- Review Application ❯
- Certify & Submit Application ❯

100% Complete, Not Submitted

Baldrige State Examiner Experience

Please provide your state, local, or regional Baldrige-based award program volunteer experience. For each program you have served, indicate the name of the program, your role(s), and the years you served. Programs must be a member of The Alliance for Performance Excellence.

If you don't have any Baldrige State Examiner experience, check "This section is complete" and click "Save & Continue" button.

The Name of the Program	State(s)	Delete
Maryland State	MD	🗑 Delete

➕ Add Baldrige State Examiner Experience

☑ **This section is complete**

Save & Continue >>

Application Forms

- ✔ Contact Information   ›
- ✔ Employment Information   ›
- ✔ NAICS Code   ›
- ✔ Preferred Mailing Address   ›
- ✔ Professional Information   ›
- ✔ Education   ›
- ✔ State Examiner Experience   ›
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- Certify & Submit Application   ›

100% Complete, Not Submitted

Baldrige State Examiner Experience

Please provide your state, local, or regional Baldrige-based award program volunteer experience. For each program you have served, indicate the name of the program, your role(s), and the years you served. Programs must be a member of The Alliance for Performance Excellence.

[Save] [Cancel]　　　　　　　　* Denotes required field

The Name of the Award Program:* _____

Enter the State Abbreviation(s) Covered by the Program:* _____

Describe State and Local Program Experience:*
[   ]
Used 0 of 450 allowed characters.

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

[Save] [Cancel]

Application Forms

- ✔ Contact Information >
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  1. Elif Karakas
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- ✔ Knowledge, Skills, & Abilities >
- Review Application >
- Certify & Submit Application >

100% Complete, Not Submitted

Recommendation Providers

For your application to be considered, two individuals must submit recommendations on your behalf via the online system by the application deadline. **Applications without two recommendations will not be accepted. No other form of recommendation is accepted. Recommenders may not be relatives, friends, or sitting members of the Baldrige Program's Judges Panel.** We suggest that you select recommenders early to give them sufficient time to respond. **Recommendations will not be received or accepted after the application deadline.**

NOTE: If you are a state examiner, one recommendation from the state program director is strongly encouraged.

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 email address of the first recommender. When you save the recommender information, the recommender will receive an email containing a link to the online system and a personal access 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 under the "Status" column, and you will no longer be able to edit their information.
3. Monitor your email 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, you may delete the remaining recommenders. If you decided to delete the remaining recommenders, an email will be generated informing them that you no longer require their recommendations.
5. If you wish, you may send reminder emails to your recommenders by clicking "Send Email."

Provider Name	Status	Send Email	Delete
Elif Karakas	Last Email Sent: 10/23/24 08:36 AM Started: 10/23/24 08:40 AM Completed: 10/23/24 08:41 AM	✔ Complete	
John Smith	Last Email Sent: 1/2/25 08:26 AM Started: Completed:	✉ Send Email	🗑 Delete

➕ Add Recommendation Provider

Save & Continue >>

Application Forms

- ✔ Contact Information   ›
- ✔ Employment Information   ›
- ✔ NAICS Code   ›
- ✔ Preferred Mailing Address   ›
- ✔ Professional Information   ›
- ✔ Education   ›
- ✔ State Examiner Experience   ›
- ✔ Recommendation Provider   ›
  - 1. Elif Karakas
  - 2. John Smith
- ✔ Knowledge, Skills, & Abilities   ›
- Review Application   ›
- Certify & Submit Application   ›

100% Complete, Not Submitted

Recommendation Provider

NOTE: When you click the "Save" button, the recommender will receive an email with instructions to access the online system. The link to the application and a unique personal access code will be included in the email.

[Save]   [Cancel]   * *Denotes required field*

First Name:* _____

Last Name:* _____

Email Address:* _____

Confirm Email Address:* _____

Employer: _____

Job Title: _____

Relationship To You: _____

Do you wish to waive your right to examine this letter of recommendation? *

◯ Yes   ◯ No

Note for the recommendation provider that will be included into the email:

_____

Used 0 of 450 allowed characters.

[Save]   [Cancel]

Knowledge, Skills, and Abilities Essay Questions
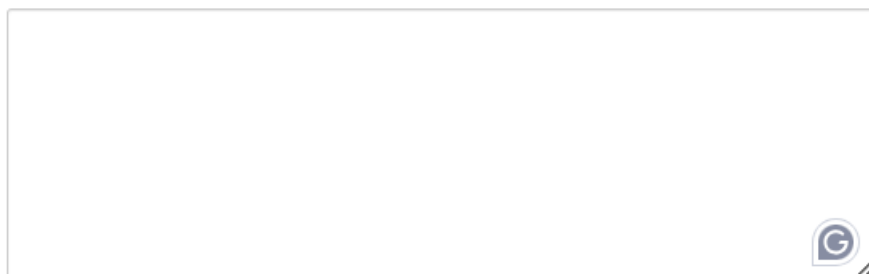
Save & Stay	Save & Continue >>		* *Denotes required field*
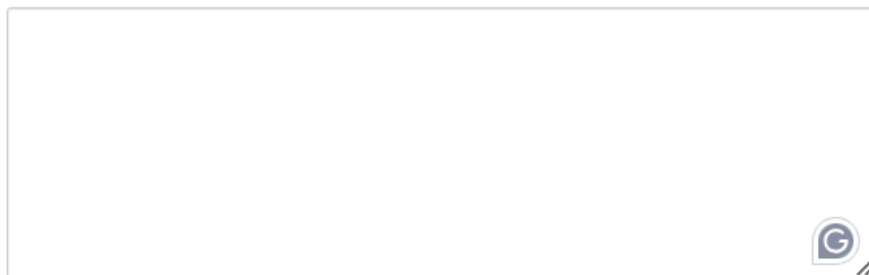
Please plan to dedicate a block of time to complete this section. We suggest that you write your essays in a word-processing application, then copy/paste into the text boxes provided below. Save your work very often by clicking the Save & Stay button.

1. Describe your experience that demonstrates your ability to understand and evaluate an organization's key results and processes. *

Used 0 of 1300 allowed characters.

2. Describe your experience that demonstrates your ability to work with a cross-sector team to reach consensus on a complex evaluation. *

Used 0 of 1300 allowed characters.

Save & Stay	Save & Continue >>

Application Forms

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- ✔ Recommendation Provider >
  - 1. Elif Karakas
  - 2. John Smith
- ✔ Knowledge, Skills, & Abilities >
- **Review Application** >
- Certify & Submit Application >

100% Complete, Not Submitted

Review Application

Continue >>

🖨 Print Your Application Summary

You read and agreed to the following statements:
- Citizenship Requirement
- Time Commitment and Timeline
- Examiner Preparation Course Schedule
- Code of Ethical Conduct
- Disclosure of Conflict of Interest
- Sharing of Contact Information

Contact Information Complete

Full Name:	Mrs. Elif Karakas
Primary Email :	elif.karakas@nist.gov
Alternate Email:	email_33888@example.com
Primary Phone:	444-4474937
Alternate Phone:	222-5340476

Home Address	Work Address	Other Address (Preferred)
100 bureu dri ank, MA 23456	work address ank, KY 87999 Reunion	78a8dfsa test, 45678 Argentina

Employment Information Complete
[Primary] Primary Emp_22916 test record

10/2012 - Current, Employed

Position Title	IT Spec
Position Description	Testing desc
Address	ank, KY
Parent Organization	Dept of Commerce

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- ✔ Knowledge, Skills, & Abilities   ›
- Review Application   ›
- **Certify & Submit Application**   ›

100% Complete, Not Submitted

Certify & Submit Application

> **Recommendation Provider Info**   ✕
> Your application will not be evaluated if we do not receive the recommendation letters by the application deadline.

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 professional experience
- Specialized expertise
- Examiner knowledge, skills, and abilities

Recommendation Providers' Status:

Name	Status
Elif Karakas	✔ Complete
John Smith	Not Started

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.

PRIVACY ACT STATEMENT

Authority: The National Institute of Standards and Technology Act, as amended, 15 U.S.C. 271 et seq. (which includes Title 15 U.S.C. 272) and section 12 of the Stevenson-Wydler Technology Innovation Act of 1980, as amended, 15 U.S.C. 3710a.The Baldrige Awards Program was created under public law 100-107 The Malcolm Baldrige National Quality Improvement Act of 1987. 5 U.S.C. App.-Inspector General Act of 1978, § 2; 5 U.S.C. App.-Reorganization Plan of 1970, § 2; 13 U.S.C. § 2; 13 U.S.C. § 131; 15 U.S.C. § 272; 15 U.S.C. § 1151; 15 U.S.C. § 1501; 15 U.S.C. § 1512; 15 U.S.C. § 1516; 15 U.S.C. § 3704b; 16 U.S.C. § 1431; 35 U.S.C.§ 2; 42 U.S.C. § 3121 et seq.; 47 U.S.C. § 902; 50 U.S.C. App. § 2401 et seq.; E.O. 11625; 77 FR 49699 (Aug. 16, 1012).

Purpose: The National Institute of Standards and Technology (NIST) oversees the Baldrige Performance Excellence Program (BPEP) which is the nation' s only Presidential award for performance excellence and offers a wide array of award-winning products and services, including the world-renowned Baldrige Excellence Framework. The function/purpose of the information collections is to support the needs and activities of the internal and external customers in support of this mission.

Routine Uses: NIST will use this information to conduct necessary government business for the processing and the support needs of the BPEP. Disclosure of this information is permitted under the Privacy Act of 1974 (5 U.S.C. Section 522a) to be shared among NIST staff for work-related purposes. Disclosure of this information is also subject to all the published routine uses as identified in the Privacy Act System of Records Notices: COMMERCE/ DEPT- 18: Employee Personnel Files Not Covered by Notices of Other Agencies; COMMERCE/DEPT-23: Information Collected in Connection with Department of Commerce Activities, Events, and Programs

Disclosure: Furnishing this information is voluntary, however, this information is required to obtain authorization to gain access to and participate in the specified BPEP activity. The failure to provide accurate information may delay or prevent you from participating in the activity. Submitting voluntary information constitutes your consent to the use of the information for the stated purpose.

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 (First Name Last Name) as your signature.

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

Full Name: * [   ]

(First Name Last Name)

Examiner Application
Baldrige Performance Excellence Program | NIST

📄 **Status:** Submitted   🕐 **Deadline:** February 26, 2025, at 6:00 PM ET   ⓘ **System Message:** Hello EK112826

Application Forms

Confirmation	>
Recommendation Providers	>
1. Elif Karakas	
2. John Smith	
Review Application	>

Confirmation

Application Submitted Successfully	✕

Your application has been submitted on 02/25/2025, 08:51 AM. An application submission confirmation email has been sent to your elif.karakas@nist.gov email account. You may 🖨 print or save your application for future reference.

To complete your application, the Baldrige Program must receive two recommendation letters online by the application deadline. You may monitor your recommendation status, send reminder emails 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.

Board of Examiners selection notification emails will be sent to all examiner candidates late April indicating your selection status. Selected examiners must return the confirmation notice immediately upon receipt. Detailed information will be included.

Thank you for completing the "How Did You Hear About the Board of Examiners?" survey!