

Examiner Application New Applicant Screenshots



APPLICATION DEADLINE: Monday, February 24, 2025 at 6:00 PM ET.

Apply early to avoid any potential last-minute delays! PLEASE NOTE: The Baldridge Examiner Application Help Center will be **closed** for federal holiday on Monday, January 20, although the Baldridge Examiner Application will still be open for use during those days.

The Baldridge Examiner applicants, before starting your application, please review the information on the [Become a Baldridge 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 [Baldridge 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.

WARNING! WARNING! WARNING!

You are accessing a U.S. Government information system, which includes: 1) this computer, 2) this computer network, 3) all Government-furnished computers connected to this network, and 4) all Government-furnished devices and storage media attached to this network or to a computer on this network. You understand and consent to the following: you may access this information system for authorized use only; unauthorized use of the system is prohibited and subject to criminal and civil penalties; you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system at any time and for any lawful Government purpose, the Government may monitor, intercept, audit, and search and seize any communication or data transiting or stored on this information system; and any communications or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose. This information system may contain Controlled Unclassified Information (CUI) that is subject to safeguarding or dissemination controls in accordance with law, regulation, or Government-wide policy. Accessing and using this system indicates your understanding of this warning.

ALERT! ALERT! ALERT!

The Baldridge Examiner Application system will be unavailable for maintenance **the third Tuesday of each month between 5:00 AM and 7:00 AM ET**. Please avoid logging into the system at this time. Thank you.

Examiner Application Login

Username:

Password:

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:

Official First Name: *

Nickname:

Middle Name:

Last Name: *

Title: * Suffix:

Primary Email Address: *

Confirm Email Address: *

Alternate Email 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 >>

Application Forms

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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)

To: (mm/yyyy or leave blank)

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

- ✓ [Contact Information](#) >
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- ✓ [Preferred Mailing Address](#) >
- ✓ [Professional Information](#) >
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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)

To: (mm/yyyy or leave blank)

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):*

NAICS 2:

NAICS 3:

NAICS 4:

NAICS 5:

Save & Continue >>

Status: Not Submitted **Deadline:** February 26, 2025, at 6:00 PM ET **System Message:** Hello EK112826

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 bureau 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 >>

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- ✓ Contact Information >
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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?

- | | |
|-----------------------------------------------|-----------------------------------------------------------|
| <input checked="" type="checkbox"/> Utilities | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Technical Schools | <input type="checkbox"/> Federal, State, or City Agencies |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Cyber Security |
| <input type="checkbox"/> Retail Merchandising | <input checked="" type="checkbox"/> Other Nonprofit: |

Other NP

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

- | | |
|--------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> BSN | <input type="checkbox"/> DDS |
| <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"/> Pharm-D | <input type="checkbox"/> Physical Therapist |
| <input type="checkbox"/> Primary Laboratory Technician | <input checked="" type="checkbox"/> RN |

- ☒ Any other work experience or degrees in health care:

HC other

Do you have work experience or a degree in education?

- | | |
|---------------------------------------------------------|---------------------------------------------------|
| <input checked="" 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 |

- ☒ Any other work experience or degrees in education:




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 >>

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100% Complete, Not Submitted

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 >>

© 2012 Baldrige  Support Hours: M-F, 9:00 AM-5:00 PM ET  Examiner Application Help Center: examappl@nist.gov
OMB Control No. 0693-0006, Expiration Date: 09/30/2025

 **Status:** Not Submitted  **Deadline:** February 26, 2025, at 6:00 PM ET  **System Message:** Hello EK112826

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100% Complete, Not Submitted

Education

Save Cancel

* Denotes required field

Institution Name:*

Degree:*



Concentration On:*

Non-U.S. Degree: ☐

State:*

Year Obtained:*

Save Cancel

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OMB Control No. 0693-0006, Expiration Date: 09/30/2025

Application Forms

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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](#) >
- ✓ [Recommendation Provider](#) >
 - 1. [Elif Karakas](#)
 - 2. [John Smith](#)
- ✓ [Knowledge, Skills, & Abilities](#) >
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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

✓ 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 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

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- ✓ 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

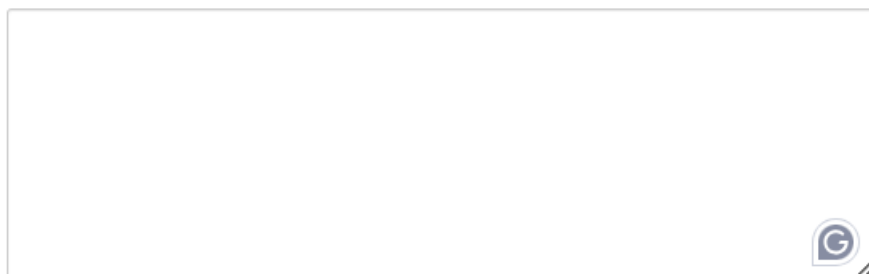
Save & Stay

Save & Continue >>

* Denotes required field

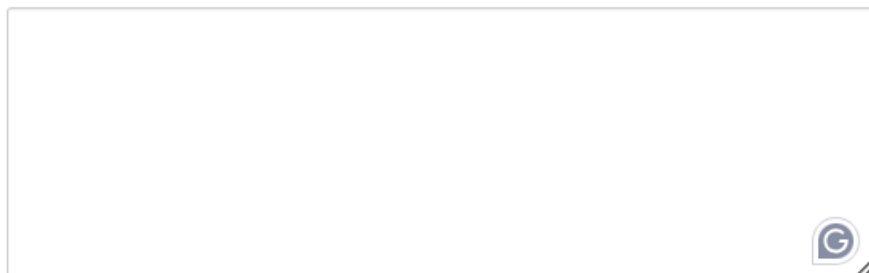
Please plan to dedicate a block of time to complete this section. We suggest that you write your essays in a word-processing application, then copy/paste into the text boxes provided below. Save your work very often by clicking the Save & Stay button.

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

A large rectangular text input box with a thin gray border. In the bottom right corner, there is a circular icon containing a stylized 'G' and a small pencil icon next to it.

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. *

A large rectangular text input box with a thin gray border. In the bottom right corner, there is a circular icon containing a stylized 'G' and a small pencil icon next to it.

Used 0 of 1300 allowed characters.

Save & Stay

Save & Continue >>

Application Forms

✓ Contact Information

✓ Employment Information

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✓ Education

✓ State Examiner Experience

✓ 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 bureau 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

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

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)

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!