

Subject Matter Expert Application Form

Subject Matter Experts (SME) are an energetic group of patients, family members, caregivers, and professionals that help the Network respond to patient needs and seek ways to improve patient/staff relationships. The SME identifies ways to spread best practices as well as design/implement Quality Improvement Activities (QIAs) to promote patient-centeredness and family engagement.

Complete the following information:

About You	
I am (check one):	<input type="checkbox"/> Patient <input type="checkbox"/> Family/Caregiver <input type="checkbox"/> Stakeholder
If not a patient, is the patient in your life:	<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric (<input type="checkbox"/> Age of Pediatric Patient)
Name (First, Last)	
Address	
City, State, Zip	
Primary Phone	
Secondary Phone/ Cell Phone	
Email Address	
Check The Appropriate Selection(s)	
I identify as:	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Ethnicity: I identify myself as	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic or Latino
I speak:	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
Primary Language Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Spanish Other: _____
About Your ESRD Experience	
Dialysis Facility Name	
Dialysis Facility Phone Number	
Number of years as a dialysis patient	
Number of years as a transplant recipient (as applicable)	
Current Treatment Type: (check one)	<input type="checkbox"/> In-Center Hemodialysis: M/W/F or T/T/S <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
Previous Treatment Types: (check all that apply)	<input type="checkbox"/> In-Center Hemodialysis <input type="checkbox"/> Peritoneal Dialysis <input type="checkbox"/> Home Hemodialysis <input type="checkbox"/> Transplant
Are you on a transplant waitlist? (circle one)	Yes No

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Connecting With You	
How often do you check your email (check one):	<input type="checkbox"/> daily <input type="checkbox"/> 2-3 times/week <input type="checkbox"/> only when expecting important messages <input type="checkbox"/> don't have email
Are you able to travel for face-to-face meetings outside of your city or state?	<div style="display: flex; justify-content: space-around;"> Yes No </div>
Are you able to attend 2 or more meetings by phone per year?	<div style="display: flex; justify-content: space-around;"> Yes No </div>
Your ESRD Expertise	
Why would you like to be a Subject Matter Expert (SME)?	
List any of your volunteer organizations, committees, clubs, community groups, etc.	
Other interests, hobbies, or skills	
Your Interests: Which project(s) would you enjoy working on? (check all that apply)	
Patient Advisory Committee (PAC): Advise the Network on issues that affect all the dialysis and transplant patients in Texas.	<input type="checkbox"/>
Behavioral Health: Help to reduce depression in dialysis patients	<input type="checkbox"/>
Patient Safety: Improve the quality and experience of care across the state	<input type="checkbox"/>
Kidney Transplant: Help increase number of dialysis patients receiving a transplant	<input type="checkbox"/>
Nursing Home Care: Contribute ideas on ways to reduce the number of nursing home patients receiving dialysis with less infections, less blood transfusions, and keep patients healthy	<input type="checkbox"/>
Vaccinations: Share your ideas on ways to encourage patients to accept recommended vaccinations	<input type="checkbox"/>
Home Dialysis: Help the Network understand how to educate patients on home therapy programs	<input type="checkbox"/>
Emergency Preparedness: Help patients learn how to prepare for and respond to an emergency	<input type="checkbox"/>
Other project suggestions:	

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Please read and check the appropriate statements below:

____ I authorize AQKC to utilize my name and email address for specific Subject Matter Expert communications.

____ I further authorize AQKC to use my name where necessary in meeting minutes, and in listing SMEs in reports to The Centers for Medicare and Medicaid Services (CMS).

Signature of Candidate: _____ Date: _____

Name of Candidate (print): _____

Submit completed form to the appropriate AQKC Network. Allow 5-10 business days for processing and follow-up.