**2024 TSC IMPLEMENTER REPRESENTATIVE**

**CRITERIA AFFIRMATION FORM  
To be Completed by Nominee**

DUE JUNE 15, 2024

NOMINEE NAME (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Linda Michaelsen\_\_\_\_\_\_\_\_\_\_\_

ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Optum\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ I have read, understand, and agree to the following requirements:

* To attend the TSC meetings, both those held in conjunction with the Working Group Meetings (WGMs) and those conducted via teleconference
* That I have the support of my organization in seeking a position on the TSC, and that all related expenses associated with my participation will be covered by my organization or myself.
* That I am an active member of the following HL7 Product Implementer Community (check all that apply):

**X V2**

* + V3

**X CDA**

**X FHIR**

Nominee to collect the name/signature of a current co-chair and member of an HL7 Product Management Group in which you participate for their confirmation of your abilities (individuals may send confirmation to [Karenvan@HL7.org](mailto:Karenvan@HL7.org) if unable to sign this form):

I confirm that the above individual is an active member of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Product Management Community and has the capacity to fulfill the duties of a TSC Implementer Representative as required.

SIGNATURE of MGMT GROUP CO-CHAIR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Platform Statement:**

**Nominee Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company/Organization**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief statement describing your qualifications, reasons and rationale for seeking election to this position: