Da Vinci Project Implementation Guide Reviewer Application

Name and email: _____

Company (if applicable):_____

HL7 Work Group Experience: _____

Years of HL7 Experience: _____

Describe FHIR Connectathon Experience: _____

List at least 2 Previous Ballot Responses: _____

Have you contributed to creation of HL7 artifacts? If so, list at least one example and describe your role: _____

Note: Reviewers must be members of HL7 in good standing and complete this form to document qualifications and experience in a significant number of the areas listed below.

Please score your experience level as follows:

        0 = no experience

        1= understand concepts

        2-4 = increasing level of experience

        5= expert (can teach the subject at an advanced level)

Experience	Level	Comments
Creation of FHIR IGs		
CDS Hooks		
FHIR Operations		
Clinical and payer-provider workflow		
SMART of FHIR solutions		
CQL		
Argonaut Profiles		
US Core Profiles		
QI Core Profiles		
Profiling FHIR resources		
Creating FHIR extension		
Creation of FHIR IGs for multiple version of FHIR (DSTU2/STU3/R4)		
US Terminologies and Value Sets		
Implementing FHIR Solutions based on implementation guides		
Participation in Connectathons		

Please provide any additional information or clarifications of your qualifications and experience:

Describe any current or prior participation in the creation of a Da Vinci Implementation Guides (include the name of the implementation guide and the role you played). Was the effort funded by Da Vinci or one of its members?

Please attach a copy of a current resume.

Date: _____ Signature: _____