

2005 APPLICATION FOR THE COLORADO PERFORMANCE EXCELLENCE BOARD OF EXAMINERS



Please complete all required sections of the application.

If additional space is needed to provide the requested information, one supplemental page (one side only) may be submitted. Any other additional pages will be discarded.

Options for submitting the application.

Download one of the versions (MS Word or Adobe pdf), and either complete electronically or print the form and complete with hand-printed or aligned word-processing responses. Submit via one of the following methods:

- 1) Email electronically completed forms to: tmmauro@coloradoexcellence.org (must be received by Midnight MST, **March 22**)
- 2) Fax completed forms to Tom Mauro: 720.859.1353 (must be received by Midnight MST, **March 22**)
- 3) Mail completed forms to: Colorado Performance Excellence, Inc., (must be postmarked by **March 22**)
700 N. Colorado Blvd. #354, Denver, CO 80206

Instructions for navigating the electronic form. Use tab to go to next field and click mouse to select box.

PART I - PERSONAL INFORMATION (All Applicants Complete)

Title: Mr. Ms. Mrs. Dr.
 Last Name _____ First Name _____ Middle Initial _____

Organization: _____
 Position: _____

Complete Address where you want materials sent: _____
 City, State, Zip: _____

Daytime Phone: _____ Fax: _____ Email: _____
 Evening Phone: _____ Fax: _____ Email: _____

Preferred Name for Name Tag: _____ Preferred Name for Certificate: _____

What sector(s) best represent your training/education/current position (mark all that apply):

<input type="checkbox"/> small business (less than 500 employees)	<input type="checkbox"/> health care	<input type="checkbox"/> early childhood-secondary education
<input type="checkbox"/> service	<input type="checkbox"/> government	<input type="checkbox"/> higher education
<input type="checkbox"/> manufacturing	<input type="checkbox"/> not-for-profit	

Are you interested in being an Examination Team Leader? Yes No
 Are you willing to possibly travel for two-three days to participate in an applicant site visit? Yes No
 Have you previously served on the CPEX Board of Examiners? Yes What years? _____ No (Complete Part IV)

Which Examiner Training Session will you be attending: April 6-8 April 20-22
 (See www.coloradoexcellence.org for training details, fees and payment requirements)

PART II - MOTIVATION AND INTEREST (All Applicants Complete)

Describe your motivation for applying to be a member of the CPEX Board of Examiners. Indicate your ability/willingness to fulfill the time commitments required by the examination process.

PART III - CERTIFICATION (All Applicants Complete)

By signing below, I agree that I have read, understand, and will comply with the Colorado Performance Excellence Code of Ethics. I will notify the Awards Administrator immediately, during any part or phase of the examination process, of any relationship, contact, involvement, or situation that may involve, or appear to involve, a conflict of interest or a violation of the Code of Ethics. I further agree that I understand and will comply with the pre-work, training, time-availability, and travel commitments. Finally, I agree that I understand and will comply with the payment and refund policies of Colorado Performance Excellence.

Signature: _____ Date: _____
 (If you submit this application via email or fax, you must bring a copy to Examiner training with original signature)

New, first-time applicants for the CPEX Board of Examiners, **ALSO COMPLETE** Part IV on the next page.

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PART IV - BALDRIGE CRITERIA AND RELATED KNOWLEDGE/TRAINING (New Applicants ONLY)

(use the supplemental page to fully answer each question)

NOTE: New applicants for the CPEX Board of Examiners are sought based on their basic understanding of the Baldrige Criteria for Performance Excellence, their experience with and knowledge of performance excellence strategies, their success in business, education, government, health care and not-for-profit organizations or their skills in leadership, communication and teamwork.

Describe your knowledge of the Baldrige Criteria for Performance Excellence (or related Baldrige-based award criteria). Include when and how obtained.

Describe your experience and knowledge of quality management/performance excellence strategies. Include relevant education, training, certifications, etc.

Provide your key accomplishments, roles and time frames of direct support for business, education, government, health care and not-for-profit organizations.

Describe (with specific examples) your skills in communication, teamwork, facilitation, leadership, etc. that are relevant to your role as a writer and team member for the CPEX Board of Examiners.

Please indicate any other experience, considerations, skills, interests, limitations or concerns that are important in your serving as a member of the CPEX Board of Examiners.

Please list two professional references we may contact:

(Title, Name, Phone Number, Relationship)

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