

# Nonmonetary Determination Evaluation Training

## PARTICIPATION NOMINATION FORM

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Briefly describe your role and experience in BTQ:

\_\_\_\_\_  
\_\_\_\_\_

Will you be participating in BTQ quality reviews within your state or at the regional level? (Please explain)

\_\_\_\_\_  
\_\_\_\_\_

How soon will you be participating in the BTQ quality review process?

\_\_\_\_\_  
\_\_\_\_\_

Is there any additional information you can provide regarding how you will apply the information you learn during the training seminar?

\_\_\_\_\_

---

Do you have any specific BTQ topics you would like addressed?

---

---

Have you attended one of our seminars in the past? If so, when?

---