

Recommendation Form 2019 Board of Examiners

Tennessee Center for Performance Excellence

Recommendations are not required for former members of the Board of Examiners

_____ has applied to be a member of the 2019 Board of Examiners for the Tennessee Center for Performance Excellence Award Program and has indicated you would provide a recommendation.

The role of TNCPE Examiners is to evaluate applicants for the Tennessee Center for Performance Excellence Award Program based on the Baldrige Excellence Framework, which includes the *Criteria for Performance Excellence*. Examiners review, write an analysis of, and score written applications; conduct site visits; and are responsible for preparing value-added feedback reports to applicants.

Examiners are expected to have expertise in one or more of these areas: business, education, health care, manufacturing, service, government or nonprofit management, and processes and results. They are also expected to have knowledge of practices and improvement strategies leading to performance excellence; possess and use good analytical, written, and oral communication skills; and work as cooperative team members.

Please provide a recommendation relating to your knowledge of the applicant’s qualifications to be an examiner. Complete this form and submit it electronically to contact@tncpe.org; **recommendations must be received by TNCPE no later than Monday, April 1, 2019.**

Please indicate your evaluation of the applicant’s ability to assess an organization’s efforts in the seven categories of the Criteria for Performance Excellence by placing an “X” in the appropriate column

	Unknown	Very Little	Capable	Proficient	Expert
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measurement, Analysis & Knowledge Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate your assessment of the applicant's knowledge or skill in the following areas by placing an "X" in the appropriate column.

	Unknown	Very Little	Capable	Proficient	Expert
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysis of results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improvement strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicant name:

Applicant phone no.:

Reference name:

Your phone number:

Reference title:

Years you have known applicant:

Reference employer:

In the space below, please describe any additional qualifications of the applicant and why you believe they should serve as a TNCPE examiner.

Signature _____ Date _____

Scan and email to TNCPE:
contact@tncpe.org

Toll-Free: (800) 453-6474
 Nashville: (615) 889-8323
 Fax: (615) 889-8325
www.TNCPE.org

Or, mail to TNCPE:
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 Nashville, TN 37214-3773