



**Recognition Program**

*Join a Class of Distinction*

# Examiner Application: 2018 Recognition Cycle

**Presented by:**



American College of  
Healthcare Executives  
*for leaders who care®*

**Submit applications to:**

Email: [info@ilpex.org](mailto:info@ilpex.org) or click "Submit"

Online Application:

[ilpex.org/develop/examiner-information/](http://ilpex.org/develop/examiner-information/)

ILPEX Recognition Program, c/o IMEC

1501 W. Bradley Ave, Jobst 428

Peoria, IL 61625

**Direct questions to:**

Ben Krupowicz, Executive Director

[bkrupowicz@imec.org](mailto:bkrupowicz@imec.org)

888.806.4632

<http://ilpex.org/>

**APPLICATIONS DUE FRIDAY, APRIL 6, 2018**

**Section I. Contact Information**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Preferred Name for Certificate: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Work Home Mobile

Alternate Email Address: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_ Work Home Mobile

Home Address Line 1: \_\_\_\_\_

Home Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you served as an examiner for the ILPEX Awards for Excellence? Yes No

If yes, please indicate the year(s) served: \_\_\_\_\_

Have you served as a National Baldrige examiner? Yes No

If yes, please indicate the year(s) served: \_\_\_\_\_

**Section II. Employment Information**

Please use this form to describe your current or most recent primary job. If unemployed or retired, please provide your most recent employment information.

Employment Status: Full-Time Part-Time Retired Unemployed

Most Recent Employer: \_\_\_\_\_

Position Title: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Organization Name (if applicable): \_\_\_\_\_

Organization Type (*select one*):

Education: Pre-K – 12

Education: Post-Secondary

Education: Other

Government

Healthcare

Independent Consultant

Manufacturing

Nonprofit

Service

Small Business

### **Section III. Interest, Education, Assessment/Evaluation and Work History**

Provided information is used to build a profile of our Examiners' strengths so that we can build balanced application review teams.

#### **1. Interest**

Please share a brief statement why you would like to become a member of the ILPEX Recognition Program Board of Examiners.

**2. Education and Training Background**

Please list the name and location of post-secondary institution(s), degree(s) received and year degree was received. Include significant formal training in performance improvement.

SCHOOL/PROGRAM (INCLUDE CITY & STATE)	DEGREE(S) COMPLETED	YEAR

**3. Organizational Assessment/Evaluation Experience**

Describe any experience in evaluating an organization, including the criteria used (Baldrige, company-specific, ISO9000, The Joint Commission, or other accreditation, certification or regulatory agency criteria).

**4. Self-Assessment Part I**

Please rank from 1 to 7 your ability to evaluate applications in the following areas (use each number only once).

	Ranking 7= strongest ability 1 = weakest ability
Leadership	
Strategic Planning	
Customer and Market Focus	
Information and Analysis	
Human Resource Development & Management	
Process Management	
Organization Results	

**5. Self-Assessment Part II**

Please rank from 1 to 10 your ability to evaluate applications in the following areas (use each number only once).

	Ranking 10= strongest ability 1 = weakest ability
Business	
Education: Pre-K - 12	
Education: Post-Secondary	
Education: Other	
Government	
Healthcare	
Manufacturing	
Nonprofit	
Service	
Small Business	

**Team Experience**

Provide a brief description of your experience on teams and why you are an effective team member.

**Section IV. Examiner Orientation & Training Courses**

**New Examiner Orientation Training**

New examiners are required to participate in a two-day orientation to familiarize you with the principles of the Baldrige Excellence Framework, which includes the Criteria for Performance Excellence.

April 19-20 – Oak Brook, IL

April 19-20 – Oak Brook, IL -  
*Training Only, No Site Visit*

Returning examiner = training not required

**Three-Day Examiner Training**

All new and returning examiners must participate in one 3-day training course. Please indicate your preferred training date and location:

May 21, 22 & 23 – Downers Grove, IL

May 21, 22 & 23 - Downers Grove -  
*Training Only, No Site Visit*

May 30, 31 & June 1 – Peoria, IL

May 30, 31 & June 1 - Peoria -  
*Training Only, No Site Visit*

**Senior Examiner Training**

Selected senior examiners are required to attend a 1-day training to outline their additional responsibilities. Your participation will be requested by the ILPEX Recognition Program.

April 16 – Downers Grove, IL

Training not required

**Section V. Site Visit Availability**

Site visits run Sunday through Friday and will begin on September 9, September 16 and September 23. Please rank your preferred two weeks that you are available for site visit. **Please hold these two weeks until August 3 when your site visit week will be finalized.**

	Ranking 1 = 1 <sup>st</sup> choice 2 = 2 <sup>nd</sup> choice
September 9 – September 14	
September 16 – September 21	
September 23 – September 28	

**Section VI. Code of Ethical Standards – Declaration of Four Principles**

Members of the ILPEX Recognition Program Board of Examiners pledge to uphold their professional principles in the fulfillment of their responsibilities. In promoting high standards of public service and ethical conduct, examiners agree to the following principles:

*Principle 1: Protect the Integrity of the Award Process*

Examiners will make sound decisions related to conflicting or competing interests, as well as do their part to ensure that all applicants are evaluated consistently.

*Principle 2: Exhibit Professional Conduct at All Times*

Examiners will conduct themselves professionally, guided by truth, accuracy, fairness, respect, and responsibility in all their interactions.

*Principle 3: Protect the Promise of Confidentiality*

Examiners will safeguard the confidences of all parties involved in the judging or examination of present or former applicants so that the integrity of the ILPEX Award or award process is not compromised.

*Principle 4: Protect Intellectual Property of the Program*

Examiners will make sound decisions related to the use of ILPEX Program materials, logos, and information contained within the program’s website.

**Section VII. Registration Fees & Payment Information**

Examiner registration fees cover the cost of materials and training site expenses.

*Submit payment by check:* IMEC, attn. ILPEX Recognition Program  
1501 W. Bradley Ave, Peoria, IL 61625

*Invoice:* Email [info@ilpex.org](mailto:info@ilpex.org) to request an invoice.

	<b>Fee</b>	<b>Included Training</b>
First year examiner	\$975.00	New Examiner Training (2 days) Examiner Training (3 days)
Second year examiner	\$500.00	Examiner Training (3 days) <i>Optional: New Examiner Training (2 days)</i>
Third year examiner	\$250.00	Examiner Training (3 days) Senior Examiner Training (1 day) <i>Only required if participation is requested by ILPEX</i>
Four+ year examiner	\$0.00	Examiner Training (3 days) Senior Examiner Training (1 day) <i>Only required if participation is requested by ILPEX</i>
Examiner training only – no application review	\$1500.00	New Examiner Training (2 days) Examiner Training (3 days)

\_\_\_\_\_  
Signature of Examiner Applicant

\_\_\_\_\_  
Date

**Section VIII. Verification of Management Support\***

Serving as a member of the ILPEX Recognition Program Board of Examiners is a unique opportunity for professional and personal growth, and benefits organizations throughout Illinois that strive for enterprise excellence. Examiners can apply to their home organizations experience in understanding and applying concepts of process improvement, developing analytical and consensus-building skills, and familiarity with a systems perspective. *\*Verification and approval are not required for Examiner candidates who are self-employed or leaders of their respective organizations.*

**Manager Contact Information**

Title:            Mr.            Ms.            Mrs.            Dr.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

As the manager/supervisor of \_\_\_\_\_, I understand the required time commitment and responsibilities of an examiner, and I will support and encourage his/her contributions throughout the process. ***I understand that if he/she does not finish the 2018 Award Cycle an additional fee of \$600.00 will be charged for dropping out of the program.***

\_\_\_\_\_  
Signature of Manager Approval

\_\_\_\_\_  
Date