Call for eCQM Testing Volunteers Template

***PURPOSE:*** *This form allows a measure developer/steward to submit a request to post eCQM testing opportunities within the Testing Opportunities module of the eCQI Resource Center Measure Collaboration Workspace.*

***ACCESSIBILITY****: All postings to CMS websites must meet accessibility standards as mandated in Section 508 of the Rehabilitation Act of 1973. This template is 508 compliant. Any change could negatively impact 508 compliance and result in delays in the CMS review process. For guidance about 508 compliance, view CMS’s* [*Creating Accessible Products*](https://www.cms.gov/research-statistics-data-systems/section-508/public/creating-accessible-products)*.****SUBMISSION INSTRUCTIONS:***

* *Submission – Send this submission template to the* *eCQI Resource Center* *for posts on the* [*eCQM Testing Opportunities page*](https://ecqi.healthit.gov/mc-workspace-2/testing-opportunities) *and a news story on the home page.*
* *Please complete a form for each testing opportunity.*
* *Time Frame - Allow* ***2 business days*** *for processing your post. If you need your post published on a specific date, note this in your email. If your post is not CMS-cleared it may take longer.*
* *Format - Submit this template in* ***Microsoft Word format****.*

***PLEASE DELETE THIS INTRODUCTORY SECTION (TEXT ABOVE THE LINE) BEFORE SUBMISSION.***

**Project Title:** ***List the project title as it should appear on the web posting.*Dates:**The Call for eCQM Testing Opportunity period opens on ***date*** and closes on ***date***.

Testing begins on ***date*** and closes on ***date***.

**Project Overview:**As part of its measure development process, *measure developer name* requests interested parties to volunteer to test the candidate or concept eCQMs. *Please provide a one- or two- sentence description of the purpose/objective of your eCQM.*

**Type of Feedback Requested:***The measure developer may be looking for different types of testing, e.g., feasibility of data elements, thoughts from persons and families, reliability, and validity testing. Please provide as many details as possible.*

**Sponsoring Organization’s Primary Contact and Information**:

*Please provide the name and email of person to contact to volunteer or obtain more information.*