# Regional Recognized Renal Dietitian (RRRD) Award Rating Form

# Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Region:\_\_\_\_\_\_\_\_\_\_

Please provide examples of activities demonstrated by the applicant in each category below:

|  |  |  |  |
| --- | --- | --- | --- |
| Selection Criteria | Total Possible Points | Your Score | Suggested Points Assigned |
| 1. Dialysis center or CKD clinic involvement – see examples below Examples: | 25 |  | 5 pts per activity |
| 2. Community involvement – see examples below Examples: | 30 |  | 5 pts per activity |
| 3. Corporate involvement in quality improvement or other patient initiatives – see examples below Examples: | 20 |  | 5 pts per activity |
| 4. Local CRN Activities  Examples: | 25 |  | 5 pts. per local CRN office held – 2-3 pts. per  local CRN activity |
| **TOTAL** | **100** |  |  |

Examples of activities:

* Dialysis center or CKD clinic involvement
  + Patient/Family support group meetings
  + Bone disease or anemia manager
  + Patient education materials
  + Preceptor responsibilities
  + CQI participation or leadership
* Community involvement
  + Professional Education
  + KEEP screenings or other patient fair activities
  + ESRD Network involvement
* Corporate involvement in quality improvement or other patient initiatives
  + Advisory boards
  + Speakers bureau (i.e. CME symposium presenter)
  + Consultant (i.e. patient education development)

Other general comments/observations:

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

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

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

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

# Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 9/10