**Examiner Application - 2025-2026**

**Returning Examiners:**

Complete this Examiner Application, scan and email (2-Pages ONLY) to [margot.hoffman@partnershipohio.org](mailto:margot.hoffman@partnershipohio.org)

**New Examiners**: There is a $125.00 New Examiner Orientation Fee payable by credit card or check:

* BY CREDIT CARD: Complete this Examiner Application, scan and email (2-Pages ONLY) to [margot.hoffman@partnershipohio.org](mailto:margot.hoffman@partnershipohio.org) An electronic invoice will be emailed to you for online payment.
* BY CHECK: Print and complete application, then scan and email (2-Pages ONLY) to [margot.hoffman@partnershipohio.org](mailto:margot.hoffman@partnershipohio.org) and mail the completed application with your check to: The Partnership for Excellence, 829 Bethel Road #212, Columbus, Ohio 43214.

Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sector You Work in – *check one***

Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Business \_\_Nonprofit

Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Health Care \_\_Education

\_\_Government

My phone contact preference is: (*circle one*) work cell no preference

Years of Prior Examiner Experience

TPE examiner: \_\_\_\_\_\_ years National Baldrige Examiner: \_\_\_\_\_\_ years

Other State/Type Examiner: \_\_\_\_\_\_ years State/Type Program: \_\_\_\_\_\_\_ years

We plan to send your supervisor/employer a thank you letter. Please provide the following information:

Supervisor’s Name/Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be a: (circle if interested) Team Leader Work Group Leader

I might consider being: (circle if interested) Team Leader Work Group Leader

**TRAINING**

New Examiners must attend one of two New Examiner Orientations offered virtually via Zoom on October 7, 2025.

**New Examiner Fee = $125.00**

* Check here if you are a new examiner and will be attending the **October 7** session.
* Check here if you have included a check with this application.
* Check here if you are paying by credit card. An electronic invoice will be emailed for online payment.

All Examiners (new and returning) must complete a case study and remote learning modules in a LMS (Learning Management System) and attend one virtual session consisting of two consecutive half-days of Examiner Training in November. There is no fee for this portion of training; however, a *non-completion of responsibilities* fee of $550 will be charged to any examiner who does not complete the entire TPE examining cycle through site visit and final feedback report.

Please indicate the **one** Examiner Training session you prefer to attend: *Note: specifics- hours, video conference links, etc.- will be sent to each Examiner later*. Training is conducted virtually via Zoom over two ½-day sessions from 9:00 a.m. – 1:00 p.m. ET

* November 3 – 4, 2025
* November 6 – 7, 2025
* November 10 – 11, 2025
* November 12 – 13, 2025

**ADDITIONAL INFORMATION**

Please indicate your highest level of education:

\_\_\_\_Associate degree \_\_\_\_Undergraduate degree \_\_\_\_Master’s degree

\_\_\_\_Doctorate degree \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name You Prefer on Your Examiner Badge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name You Prefer on Your Certificate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***I understand and agree to the responsibilities of being a TPE examiner***

***and I agree to adhere to TPE’s Code of Ethical Conduct.***

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SIGNATURE REQUIRED DATE