

**2015 Interest Form**  
Metrics and Scoring Committee &  
Hospital Metrics Advisory Committee

**PERSONAL DATA**

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

Mailing Address \_\_\_\_\_

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

Business Name *(if applicable)* \_\_\_\_\_

Business Address *(if applicable)* \_\_\_\_\_

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

Occupation \_\_\_\_\_

Business phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Cell phone \_\_\_ - \_\_\_ - \_\_\_\_\_

Home phone *(optional)* \_\_\_ - \_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Committee members are appointed by the Director of the Oregon Health Authority. Individuals can apply for positions on both Committees.

Please indicate the positions(s) for which you are applying (check all that apply):

**Metrics and Scoring Committee**

\_\_\_\_\_ At large

\_\_\_\_\_ Expertise in health outcomes measures

\_\_\_\_\_ Representing a CCO (Indicate CCO)

\_\_\_\_\_

**Hospital Metrics Advisory Committee**

\_\_\_\_\_ Hospital

\_\_\_\_\_ Expertise in health outcomes measures

\_\_\_\_\_ Representing a CCO (Indicate CCO)

\_\_\_\_\_

**EMPLOYMENT & EXPERIENCE:** List major paid employment & significant volunteer activities. *A current resume may be substituted for this section.*

Dates (from – to)	Employer / Organization	City & State	Title / Position

**INTEREST IN APPOINTMENT:** Describe in detail why you are interested in serving on this (or these) Committee(s). Include information about your background and how you meet the requirements for the position(s) being sought. *You may complete this section on a separate sheet if needed.*

**AGREEMENT**

By submitting this form, I agree to accept appointment if selected by the Director.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Nominations must be submitted **no later than 5 pm on Friday, April 10, 2015**

to: [milena.malone@state.or.us](mailto:milena.malone@state.or.us).

Oregon Health Authority

March 13, 2015