**Oregon Health Policy Board**

**COMMITTEE APPOINTMENTS**

**INTEREST FORM**

**Deadline is July 14, 2017**

The purpose of this form is to assist the Oregon Health Policy Board in evaluating the qualifications of an applicant for appointment to Oregon Health Policy Board committees.

**Please complete this form and return by fax or email to:**

Leann Johnson, OHA Equity and Inclusion Director, Email leann.r.johnson@state.or.us (FAX: 971-673-1128)

For more information contact Stephanie Jarem at [Stephanie.Jarem@state.or.us](mailto:Stephanie.Jarem@state.or.us) or phone, 971-273-6844.

You can get this document in another language, large print, braille or a format you prefer. Contact Crystal Marion at the Office of Equity and Inclusion at 971-673-1287, or 7-1-1. Or email [languageaccess.info@state.or.us](mailto:languageaccess.info@state.or.us) for alternate format requests or call 7-1-1.

**BOARD/COMMISSION APPOINTMENT(S) DESIRED**

I am applying for appointment on the following committee(s):

\_X\_**Health Equity Committee**

**PERSONAL DATA**

**Name:**

Preferred Mailing Address: Home  Business

Preferred Title: (E.g. Mr, Mrs, Ms, Dr, etc.)

Preferred Pronouns:

First Name: MI: Last Name:

Home Address:

City State Zip County:

Mailing Address:

City State Zip County:

Occupation:

Home Phone: Business Phone: Cell Phone:

E-mail address:

*If the information below is unknown see* [*http://landru.leg.state.or.us/findlegsltr/findset.htm*](http://landru.leg.state.or.us/findlegsltr/findset.htm) *or call your County Elections Office*

Name of your State Senator: Senate District:

Name of your State Representative: House District:

Name of your US Representative: Congressional District:

To assist us in meeting our Race, Ethnicity, Language and Disability demographic data collection requirements and affirmative action objectives, we would appreciate that you complete the demographic information in the attached document. (LJ to add template) This information is optional. Under state and federal law, this information may not be used to discriminate against you.

I will accept appointment if selected by Oregon Health Policy Board and if appointed, I pledge my best efforts to resolve, before assumption of responsibilities, any conflicts of interest that would be inconsistent with my responsibilities as a committee member.

Signature: Date:

**HEALTH EQUITY EXPERIENCE**

**Health equity is a priority for the Oregon Health Authority and the Oregon Health Policy Board. Health equity means that everyone should have a fair opportunity to live a long, healthy life. Health should not be compromised or disadvantaged because of an individual or population group’s race, ethnicity, national origin, immigration or refugee status, disability, gender or gender identity, sexual orientation, age or other social conditions. The goal of health equity is to eliminate barriers to health and eliminate avoidable gaps in health outcomes between all social groups.**

**Describe in a few paragraphs your experience with health equity:**

**Describe in a few paragraphs why you are interested in serving on the Oregon Health Policy Board Health Equity Committee. You may include information about your background and/or professional field that supports your interest:**