

**Oregon Health Policy Board
COMMITTEE APPOINTMENTS
INTEREST FORM**

The purpose of this form is to assist the Oregon Health Policy Board and its Director 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 along with a current resume to:

Timothy Sweeney, OHA Office of Health Policy,
Email: timothy.d.sweeney@dhsoha.state.or.us; ph. 503-580-9871

*(This form and an overview of the Oregon Health Policy Board are available at:
<http://www.oregon.gov/oha> under News)*

SUBCOMMITTEE/COUNCIL/BOARD APPOINTMENT(S) DESIRED:

(x) Sustainable Drug Costs Committee

Briefly describe your interest and qualifications for appointment to the committee(s) checked above on page 2 of this application. Please do not add additional pages of information other than your resume.

PERSONAL DATA

Preferred Mailing Address: Home Business

Preferred Title _____ (e.g. Mr, Mrs, Ms, Dr, etc.)

First Name _____ MI _____ Last Name _____

Home Address _____

Mailing Address:

City _____ State _____ Zip _____

County _____

Occupation:

Home Phone: _____ Business Phone: _____ ext: _____

E-mail:

If the information below is unknown see <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. 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 _____

Name: _____

INTEREST IN APPOINTMENT

Describe why you are interested in serving on the Oregon Health Policy Board' Sustainable Drug Cost Committee and include information about your background that supports your interest. In addition, the committee charter adopted by the Board includes specific criteria for the 11 committee members; please indicate which position(s) your background matches and why. See attached charter for more information.

These questions are optional and your answers are confidential. We would like you to tell us your race, ethnicity, language and disability background so that we can find and address health and service differences.

1. Do you need written materials in an alternate format (Braille, large print, audio recordings, etc.)?
 Yes No Don't know/Unknown Decline/Don't want to answer
 If yes, which format? _____

Race and Ethnicity

2. How do you identify your **race, ethnicity, tribal affiliation, country of origin, or ancestry?**

3. Which of the following describes your **racial or ethnic identity?** Please check **ALL** that apply.

<p>American Indian or Alaska Native</p> <p><input type="checkbox"/> American Indian</p> <p><input type="checkbox"/> Alaska Native</p> <p><input type="checkbox"/> Canadian Inuit, Metis, or First Nation</p> <p><input type="checkbox"/> Indigenous Mexican, Central American, or South American</p> <p>Hispanic or Latino/a</p> <p><input type="checkbox"/> Hispanic or Latino Central American</p> <p><input type="checkbox"/> Hispanic or Latino Mexican</p> <p><input type="checkbox"/> Hispanic or Latino South American</p> <p><input type="checkbox"/> Other Hispanic or Latino</p>	<p>Asian</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino/a</p> <p><input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Laotian</p> <p><input type="checkbox"/> South Asian</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian</p> <p>Native Hawaiian or Pacific Islander</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Micronesian*</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Tongan*</p> <p><input type="checkbox"/> Other Pacific Islander</p>	<p>Black or African American</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> African (Black)</p> <p><input type="checkbox"/> Carribean (Black)</p> <p><input type="checkbox"/> Other Black</p> <p>Middle Eastern/Northern African</p> <p><input type="checkbox"/> Northern African</p> <p><input type="checkbox"/> Middle Eastern</p> <p>White</p> <p><input type="checkbox"/> Eastern European</p> <p><input type="checkbox"/> Slavic</p> <p><input type="checkbox"/> Western European</p> <p><input type="checkbox"/> Other White</p> <p>Other Categories</p> <p><input type="checkbox"/> Other (please list) _____</p> <p><input type="checkbox"/> Don't know/Unknown</p> <p><input type="checkbox"/> Decline/Don't want to answer</p>
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4. If you selected more than one racial or ethnic identity above, please **CIRCLE the ONE that best represents your racial or ethnic identity.**

You can get this document in other languages, large print, braille, or a format you prefer. We accept all relay calls or you can dial 711. Contact:

Program:

Phone:

Email:

Language

5. In what **language** do you want us to:

Speak with you _____

Write to you _____

6. Do you need a **sign language** interpreter for us to communicate with you?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, which type do you need us to communicate with you?

(ASL, PSE, tactile interpreting, etc.)

7. Do you need an **interpreter** for us to communicate with you?

Yes

Don't know/Unknown

No

Decline/Don't want to answer

8. How well do you speak English?

Very Well Not at all

Well Don't know/Unknown

Not Well Decline/Don't want to answer

Disability Your answers to the questions below help us find health and service differences among people with disabilities or limitations. Your answers are confidential.

9. Are you **deaf** or do you have **serious difficulty hearing**?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

10. Are you **blind** or do you have **serious difficulty seeing**, even when wearing glasses?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

11. Does a **physical, mental, or emotional condition limit your activities** in any way?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

12. What is your age today? _____

Please stop now if the person is under age 5

13. Do you have serious difficulty **walking or climbing stairs**?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

14. Do you have **difficulty dressing or bathing**?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

15. Because of a **physical, mental, or emotional condition**, do you have serious difficulty:

a. **Concentrating, remembering, understanding, or making decisions?**

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____

Please stop now if you/the person is under age 15

b. **Doing errands alone** such as visiting a doctor's office or shopping?

Yes Don't know/Unknown

No Decline/Don't want to answer

If yes, at what age did this condition begin? _____