

Oregon Health Authority

Metrics and Scoring Committee
INTEREST FORM

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 _____

The Metrics and Scoring Committee's 9 members will be appointed by the Director of the Oregon Health Authority. Oregon statute requires that there be 3 members at large, 3 members with expertise in health outcomes measures and 3 members representing Coordinated Care Organizations.

Please indicate the position for which you are applying:

_____ At large

_____ 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 Committee. 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.*

FIRST MEETING: Attendance at the first meeting will be critical to meeting federal deadlines for the work of this committee. The first meeting will be held in mid-August, and all members will be expected to participate. Please indicate whether you are able to attend the first meeting.

Yes, if selected, I will participate in the first meeting (mid-August)

No, I am unavailable mid-August

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

Date _____

Nominations must be submitted **no later than 5pm on Friday, July 27th** to:
OHA.DirectorsOffice@state.or.us