

# Interest Form

## Hospital Metrics Advisory Committee

Oregon Health Authority

The purpose of this form is to assist the Oregon Health Authority and its Director, together with the Speaker of the House and President of Senate, in evaluating the qualifications of an applicant for appointment to the Hospital Performance Metrics Advisory Committee.

Applications must be submitted **no later than 5 pm on Friday, March 18, 2016** to: [Pamela.Naylor@state.or.us](mailto:Pamela.Naylor@state.or.us). Application materials should consist of your resume or a brief biographical sketch, and a this completed committee interest form.

### PERSONAL DATA

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

First Name Last Name

Mailing Address

City State Zip

Occupation

Home Phone Business Phone

E-mail:

To assist us in meeting our affirmative action objectives, we would appreciate information about your gender and background. This information is optional. Under state and federal law, this information may not be used to discriminate against you.

*Gender*

- Male  
 Female

*Race/Ethnicity*

- Asian or Pacific Islander  
 Black  
 Hispanic

*Disability?*

- Native American  
 White  
 Multiracial/Other

**Please indicate the position(s) for which you are applying (select all that apply)**

Hospital representative (indicate hospital) \_\_\_\_\_

Expertise in health outcomes measures

**INTEREST IN APPOINTMENT**

**Describe your vision for the Hospital Transformation Performance Program.**

*(Enter below or on a separate sheet of paper. Please limit your answer to one page.)*

By signing here, I agree to accept appointment if selected by the Director:

Signature \_\_\_\_\_ Date \_\_\_\_\_