

Interest Form

CCO Metrics and Scoring Committee

Oregon Health Authority

The purpose of this form is to assist the Oregon Health Authority and its Director in evaluating the qualifications of applicants for appointment to the CCO Metrics and Scoring Committee.

Applications must be submitted **no later than 8 am on Wednesday, May 23, 2018** to: metrics.questions@state.or.us. Application materials should consist of your resume or a brief biographical sketch, and 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: _____

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

CCO representative Member at large Quality measurement expert

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.

Race/ethnicity (select all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino/a
- Middle Eastern / Northern African
- Native Hawaiian or Pacific Islander
- White
- Other
- Decline / don't want to answer

Gender: _____

Do you have a disability?

- Yes
- No
- Decline / don't want to answer

INTEREST IN APPOINTMENT

Describe why you are interested in serving on this Committee, and the perspective you would bring.

If you bring expertise in oral health and/or have particular experience or perspectives which would support the Committee in promoting health equity, ensure you describe those as well.

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

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

Signature _____ Date _____