**Oregon Health Policy Board**

**COMMITTEE APPOINTMENTS**

**INTEREST FORM**

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 along with a current resume to:**

*Marc Overbeck, OHA Health Policy and Analytics, Email marc.overbeck@state.or.us (FAX: 971-673-3036)*

*and*

*Leslie Clement, Oregon Health Authority, Email* [*leslie.m.clement@state.or.us*](mailto:leslie.m.clement@state.or.us)

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

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

\_X\_**Oregon Healthcare Workforce Committee** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Briefly describe your interest and qualifications for appointment to the committee(s) listed 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 Ms. (e.g. Mr, Mrs, Ms, Dr, etc.)

First Name: MI : L Last Name :

Home Address

Mailing Address\_

City State Zip County:

Occupation :

Home Phone Business 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 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 Race/Ethnicity Disability*

Male  Asian or Pacific Islander  Native American \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female  Black  White

Hispanic  Multiracial/Other

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 committee(s) listed on page 1 of this application. Include information about your background that supports your interest. Please limit your answer to this page.