

Application to Serve on Rules Advisory Committee (RAC)

Submitting this application indicates your interest in serving on a RAC for the below mentioned board, council, or program. It also indicates your availability to attend the meeting(s) on the date(s) and time(s) specified. Submitting this application **does not** guarantee being selected to serve on the RAC, as a balance of representation across all available communities and individuals must be considered. You will be notified by a staff member of the HLO if you are selected to serve.

The purpose of a RAC meeting is to gather feedback on the draft administrative rule language. RAC members will receive the draft language prior to the meeting. The HLO staff will facilitate a review of the language. Feedback from RAC members and public comments will be recorded and summarized in a report to HLO and the Board of Cosmetology. No decisions will be made during the RAC, and no votes will be taken; consensus is neither a goal nor a requirement.

RAC Information

Board / Council / Program Name:	Board of Cosmetology
RAC Meeting Date(s) and Time(s):	February 18 and March 18, 2026, at 9:30 a.m.
Application Submission Deadline to the HLO:	February 13, 2026, at 12 p.m. (noon)

Applicant Information

RAC meetings will be held in person **and/or** by videoconference (audio/video). When listing your phone and email contact information below, please provide the phone and email address you will be using to log into a virtual meeting if you are selected to serve as a RAC member.

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
ADDRESS:		
CITY:	STATE:	ZIP:
EMAIL:	PHONE #:	
Business or Organization Name (if applicable):		
Your Title (if applicable):		
Are you a licensed professional? If so, what profession?		
Who referred you to serve? If no one, please put NA:		

What perspective do you represent?

Why are you interested in participating in the Rules Advisory Committee (RAC) process for this board/council/program?

The Health Licensing Office must identify and consider the interests of communities and individuals likely to be affected by the rules. Please mark any boxes below that you represent.

<input type="checkbox"/>	Consumer-based organization (i.e., associations, councils, societies, trade groups). Specify:
<input type="checkbox"/>	Consumer of services
<input type="checkbox"/>	Coordinated Care Organization (CCO). Specify:
<input type="checkbox"/>	Current or prospective student. Specify field of study:
<input type="checkbox"/>	Educator. Specify field:
<input type="checkbox"/>	Healthcare professional. Specify profession:
<input type="checkbox"/>	Historical group. Specify:
<input type="checkbox"/>	Indigenous communities. Specify:
<input type="checkbox"/>	LGBTQQIP2SAA+ communities. Specify:
<input type="checkbox"/>	Liability and malpractice insurance
<input type="checkbox"/>	Low-income or underrepresented communities
<input type="checkbox"/>	People of color communities. Specify racial or ethnic identity:
<input type="checkbox"/>	Political group
<input type="checkbox"/>	Private or public medical insurance industry. Specify:
<input type="checkbox"/>	Professional organizations (i.e., associations, societies, trade groups). Specify:
<input type="checkbox"/>	Rural community person. Specify community:
<input type="checkbox"/>	Senior communities
<input type="checkbox"/>	Small business owner. Specify the business type or name:
<input type="checkbox"/>	Veteran, military person, community or group. Specify:
<input type="checkbox"/>	Other. Specify:

Do you have suggestions of communities or individuals who may be interested in participating on a Rules Advisory Committee? Please include contact information.

Please complete application and send by way of email to Samie Patnode: samie.patnode@oha.oregon.gov. You can also send by way of U.S. postal mail to the address listed at the top of this form. Only send in your application one time by either email or mail. For questions about serving, please contact Samie Patnode at the email address listed above.