



HEALTH LICENSING OFFICE

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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 below. Submitting an 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.

Board / Council / Program Name:

RAC Meeting Date(s) and Time(s):

Application Submission Deadline to the HLO:

Applicant Information

Name:

Address:

City:

State:

Zip:

RAC meetings will be held by conference call (audio only) **and/or** by Microsoft Teams (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.

Phone: Cell Other

Business Phone:

Email:

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 N/A):

What perspective do you represent?

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

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.

Consumer of services

Indigenous communities

LGBTQQIP2SAA+ communities
Please specify:

Low-income person communities

People of color communities
Please specify racial or ethnic identity:

Prospective or current student
Please specify field of study:

Rural community person
Please specify community:

Senior communities

Veteran communities

Coordinated Care Organization (CCO)

Educator
Please specify field:

Healthcare professional
Please specify profession:

Liability and malpractice insurance

Private insurance industry

Professional organizations (i.e., associations, societies, trade groups)

Small business owner (i.e., birthing centers, cosmetology services)
Please specify business type or name:

Other
Please 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 scan this completed form and email to: Anne Thompson: anne.p.thompson@oha.oregon.gov, or send by mail to the address listed at the top of this form. For questions about serving, please email Anne or call (503) 509-4775.