**Application to Serve on the Northwest Regional Newborn Bloodspot Screening (NWRNBS) Program Advisory Board**

**Instructions**

Please complete every question on the application. Applications for initial recruitment are due by April 12, 2019. Applicants will be notified whether they are chosen for the Advisory board in late April.

To submit your application:

1. Fill out the online form at: [www.surveymonkey.com/r/advisory-board](http://www.surveymonkey.com/r/advisory-board)
2. Fill in this application and submit using one of the following options.
* E-Mail: Christianne.biggs@dhsoha.state.or.us
* Fax: 503-693-5601
* Mail: Oregon State Public Health Laboratory

 Attn: Christianne Biggs

 7202 NE Evergreen Pkwy; Suite 100

 Hillsboro, OR 97124

**Applicant Information**

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| --- | --- |
| Name:  |  |
| Profession: |  |
| Title: |  |
| Employer (if applicable):  |  |
| Place of Professional Practice(city and state, if applicable): |  |
| Phone: |  |
| E-mail Address: |  |
| Residence (city and state): |  |

**Applicant Representation - Please choose all that apply**

Non-Association Representation

[ ]  Client (person or family member of a person influenced by a disorder screened on the NBS panel or one that may be added to the NBS panel)

[ ]  Follow-up medical consultant

[ ]  Representative from Medicaid/Insurance

[ ]  Representatives from birthing hospitals/centers

[ ]  Contracting partner (state partner)

[ ]  Other (specify):

|  |
| --- |
|  |

 [ ]  Not applicable

Association Representation

[ ]  Advocacy association

[ ]  Oregon Nurses Association

[ ]  Oregon Midwifery Council

[ ]  Oregon Pediatric Society

[ ]  Other (specify):

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| --- |
|  |

 [ ]  Not applicable

**Applicant Professional Discipline - Please choose all that apply**

[ ]  Neonatal Intensive Care

[ ]  Pediatrics

[ ]  Family Practice

[ ]  Obstetrics/Gynecology

[ ]  Nursing

[ ]  Ethics

[ ]  Genetics

[ ]  Diet/Nutrition

[ ]  Education

[ ]  Other (specify):

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| --- |
|  |

[ ]  Not applicable

For applicants working in a professional discipline listed above, is the size of your practice generally considered:

[ ]  Small

[ ]  Medium

[ ]  Large

[ ]  Not applicable

Please list other affiliations, professional organization membership, or personal

organization membership:

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**Questions:**

Please answer each question to the best of your ability. Please limit your response to a half page of text or less.

1. Briefly describe why you are interested in serving on the Northwest Regional Newborn Screening Advisory Board. What do you hope to gain from your participation? Include the reason newborn screening is important to you and your profession, if applicable.

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1. Please describe your experience with the Newborn Bloodspot Screening system. How have you interacted with the NWRNBS in the past?

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1. What makes you a good fit for the NWRNBS Advisory Board? What unique contributions will you provide?

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1. Have you served on an Advisory Board before? If yes, please provide a brief summary of the Board and your contributions.

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**Assurances:**

If chosen for the Advisory Board, I agree to attend at least two meetings per year. One meeting will require travel to an in-person meeting location. Travel expenses will be reimbursed by the Northwest Regional Newborn Screening Program as allowable by State of Oregon travel policies and procedures. I understand that I will need to disclose any conflicts of interest that may affect my participation.

[ ]  Yes

[ ]  No

By signing this application, I attest that the information I have provided in this application is accurate and truthful. I have reviewed the [Newborn Bloodspot Screening Program Advisory Board Charter](https://www.oregon.gov/oha/PH/LABORATORYSERVICES/NEWBORNSCREENING/Documents/NWRNBS-Board-Charter.pdf) and agree that, if chosen for the Advisory Board, I will serve in accordance with the Charter.

(Charter is posted at [www.healthoregon.org/nbs](http://www.healthoregon.org/nbs).)

|  |  |
| --- | --- |
| Name (print): |  |
| Signature: |  |
| Date:  |  |