



HEALTH LICENSING OFFICE

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APPLICATION TO SERVE ON RULES ADVISORY COMMITTEE (RAC)

Board / Council Name:

Applicant 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):

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 persons likely to be affected by the rules. Please mark any boxes below that you represent.

Indigenous communities

LGBTQQIP2SAA+ communities

Specify:

Low-income person communities

People of color communities

Racial or ethnic identity:

Senior communities

Veteran communities

Consumer of services

Coordinated Care Organization (CCO)

Healthcare professional

Liability and malpractice Insurance

Private insurance industry

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

Small business (i.e., birthing centers, cosmetology Services)

Please scan this completed form and email to: Samie Patnode: samie.patnode@dhsosha.state.or.us, or send by mail to the address listed at the top of this form. For questions about serving, please email Samie or call (503) 373-1917.