

TEXAS DEPARTMENT OF STATE HEALTH SERVICES APPLICATION FOR ADVISORY COMMITTEE/COUNCIL/ BOARD/PANEL APPOINTMENT

Position Applying for: (i.e., Consumer, Non-consumer, Public, Professional, etc.) Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature of the complete this application in a brief, yet informative manner."	American
Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "Nature". 1. Name:	American
rirst Miaale Last	
2. Race/Ethnicity: American Indian/Alaskan Asian/Pacific Islander Black or African-A(If applicable) Hispanic White Other:	
3. Gender:	
4. Education:	
5. Professional License, Registration or Certification, if applicable:	
6. Relevant Experience (paid employment or volunteer): RÉSUMÉS WILL NOT BE CONSIDERED	
7. Please list any current or former membership or board position(s) you have held with other organization.	izations:
8. Why do you wish to serve in this capacity?	
9. Personal and professional achievements (please include activities which address contributions you of the committee/council/board/panel):	could make to

10. Do you currently have a licensing board/profession	ny open complaints/discipli onal or civic organization?	nary actions pe	ending or have you ever	t been discipline	ed by any
Yes, current complaint/disc	☐ Yes, p	Yes, past complaint/disciplinary action			
If yes, please explain:					
11. Have you ever been conv	victed of a felony or a misde	emeanor (exclu	ding traffic violations)?	? Yes	☐ No
If yes, please explain:					
12. Home Address:					
Street or P.O. Box	Apartment #	City	State	Zip	
Home Phone Number	Home Fax Number		Home e-mail		
13. Employment Address: N	Name of Employer		Current Position T	ìitle	
Street or P.O. Box	Suite #	City	State	Zip	
Business Phone Number	Business Fax Number		Business e-mail		
14. Where you would like to			ne Employment		
15. Please submit two signed I ATTEST THAT ALL INFO			MENT IS TRUE AND C	ORRECT.	
Signature of Applicant	Date	have inform	PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you You are entitled to receive and review the information		
PLEASE RETURN THIS FO Code Enforcement Officer Reg Texas Department of State He Mail Code 1982 P.O. Box 149347	gistration Program	upon agenc incorr on Pi	request. You also have by to correct any information rect. See www.dshs.state. rivacy Notification. (Reference on 552.021, 552.023, 559.0	the right to ask on that is determined tx.us for more information. Trence: Government	the state ned to be formation

Applications can also be submitted via fax and or e-mail at: (512) 834-6677 fax or ceo@dshs.state.tx.us

Austin, Texas 78714-9347