



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

Name of Committee/Council/Board/Panel: Maternal Mortality and Morbidity Task Force
Initial appointment Reappointment

Members of the Maternal Mortality and Morbidity Task Force

Please select the task force position for which you are applying.

- Physician specializing in obstetrics (4 positions) Check here if you are a specialist in maternal fetal medicine
- Certified nurse-midwife
- Registered nurse
- Physician specializing in family practice
- Physician specializing in psychiatry
- Physician specializing in pathology
- Epidemiologist, biostatistician, or researcher of pregnancy-related deaths
- Social worker or social service provider
- Community advocate in a relevant field
- Medical examiner or coroner responsible for recording deaths

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA."

1. Name: _____
Mr./Mrs./Miss/Ms./Dr./Rev. *First* *Middle* *Last*

2. Home Address:

Street or P.O. Box *Apartment #* *City* *State* *Zip* *County*

Home Phone Number *Home Fax Number* *Home e-mail*

3. Employer:

Name of Employer *Current Position Title*

4. Employment Address:

Street or P.O. Box *City* *State* *Zip* *County*

Business Phone Number *Business Fax Number* *Business e-mail*

5. Where you would like to receive future communications: Home Employment

6. Race/Ethnicity: American Indian/Alaskan Asian/Pacific Islander Black or African-American
 Hispanic White Other: _____

7. Gender: Female Male

8. **Education:**

9. **Professional License, Registration or Certification, if applicable:**

10. **Relevant Experience (paid employment or volunteer):** RÉSUMÉS WILL NOT BE CONSIDERED

11. **Please list any current or former membership or board position(s) you have held with other organizations:**

12. **Why do you wish to serve in this capacity?**

13. **Personal and professional achievements (please include activities that address contributions you could make to the committee/council/board/panel):**

14. **Do you currently have any open complaints/disciplinary actions pending or have you ever been disciplined by any licensing board/professional or civic organization?**

Yes, current complaint/disciplinary action pending

Yes, past complaint/disciplinary action

No

If yes, please explain:

15. **Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)?** Yes No

If yes, please explain:

16. Please submit two signed and dated letters of recommendation.

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

Signature of Applicant

Date

**PLEASE RETURN THIS FORM AND TWO LETTERS
OF RECOMMENDATION BY EMAIL, MAIL OR FAX TO:**

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 upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

Email: MaternalHealth@DSHS.state.tx.us

Mail: DSHS Office of Title V and Family Health
P.O. Box 149347, MC 1922
Austin, TX 78714-9347
Attn: Catherine Gorham, Maternal & Child Health Program Coordinator

Fax: (512) 776-7658 Attn: Catherine Gorham

Please contact Catherine Gorham at (512) 776-2942 if you have questions.