



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

Name of Committee/Council/Board/Panel: TEXAS MIDWIFERY BOARD
Initial appointment [] Reappointment []

Position Applying for: [X] Licensed Midwife [] Obstetrician/Gynecologist [] Consumer
(i.e., Consumer, Non-consumer, Public, Professional, etc.)

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

1. Name: First Middle Last

2. Race/Ethnicity: [] American Indian/Alaskan [] Asian/Pacific Islander [] Black or African-American
[] Hispanic [] White [] Other:

3. Gender: [] Female [] Male

4. Education:

5. Professional License, Registration or Certification, if applicable:

6. Relevant Experience (paid employment or volunteer): RESUMES WILL NOT BE CONSIDERED

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

8. Why do you wish to serve in this capacity?

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

10. 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: _____

11. Have you ever been convicted of a felony or a misdemeanor (excluding 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: _____

Name of Employer Current Position Title

Street or P.O. Box Suite # City State Zip

() _____ () _____
Business Phone Number Business Fax Number Business e-mail

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

15. 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 TO:
Texas Midwifery Board MC-1982
P.O. Box 149347
Austin, Texas 78714-9347

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).

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