



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

Name of Committee/Council/Board/Panel: Newborn Screening Advisory Committee
Initial appointment [] Reappointment []

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 "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): RESUMES WILL NOT BE CONSIDERED

