



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Work Session
Wednesday, May 18, 2016
Austin, Texas

Registration forms **MUST** be turned in before the beginning of the meeting.
Each registrant's comment time is limited to **THREE** minutes.

Please PRINT clearly

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s):

List agenda title(s) or number(s) 1a Chemical dependency rules

Summary of comments: raise concern + thank staff for work

Registrant Information:

Please PRINT clearly

NAME: <u>Amy Granberry</u>			
ADDRESS: <u>209 Pelos</u>			
CITY: <u>Portland</u>	STATE: <u>TX</u>	ZIP: <u>78374</u>	
PHONE NUMBER: <u>361-774-2300</u>	REPRESENTING: <u>ASHP</u>		

Signature: [Signature]

To comment:

1. Register by completing the form
2. Turn the form in before the start of the meeting
3. Wait for the chair to call on you
4. Limit your comments to three minutes
5. Individuals cannot accumulate time from other speakers



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List agenda title(s) or number(s) la Rules concerning reg. of CP Treatment Facilities

Summary of comments: General

Registrant Information:

Please **PRINT** clearly

NAME: <u>Cynthia Humphrey</u>		
ADDRESS: <u>769 Catalina Ct</u>		
CITY: <u>Kerrville</u>	STATE: <u>Tx</u>	ZIP: <u>78028</u>
PHONE NUMBER: <u>512-923-1173</u>	REPRESENTING: <u>ASAP</u>	

Signature: _____

Cynthia Humphrey

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List agenda title(s) or number(s) 2a

Summary of comments: Support for stakeholder process used to vet suggested changes

Registrant Information:

Please PRINT clearly

NAME: <u>Dudley Wait</u>		
ADDRESS: <u>1400 Schertz Pkwy</u>		
CITY: <u>Schertz</u>	STATE: <u>TX</u>	ZIP: <u>78154</u>
PHONE NUMBER: <u>210-619-1025</u>	REPRESENTING: <u>Texas EMS Alliance</u>	

Signature: _____

Dudley Wait

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