



Texas School Health Advisory Committee Application for Advisory Committee Membership

If you would like to be a member of the Texas School Health Advisory Committee (TSHAC), please fill out this application. The committee will advise the Department of State Health Services (DSHS) in its support for and delivery of coordinated school health programs and school health services.

If a question does not apply to you, enter "N/A."

DSHS will use the information on your application and your resumé to decide if you are eligible to serve on this committee.

DSHS will not consider an application received after March 15, 2024.

SECTION 1 - Personal Information

Name:

Home Address:

City: County: State: TX ZIP:

Phone:

Email:

Employment Information

Business/Organization:

Address:

City: County: State: TX ZIP:

Phone:

Email:

Current Position Title:

Please check where you would like to receive further communications:

☐ Work Email ☐ Home Email ☐ Work Address ☐ Home Address

Application

☐ New/Initial Application ☐ Renewal Application

What gender do you identify with?

☐ Male ☐ Female

Race/Ethnicity (select all that apply)

| | |
|---|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White | <input type="checkbox"/> Other |

SECTION 2 Open Advisory Committee Categories

Applications are being accepted for the following categories. The Texas School Health Advisory Committee must include representatives from each of the following categories. Please check the category you want to apply for. You may select more than one category that describes you. However, to be considered for a category, you must meet the requirements of that category.

Health Educator

☐ Person working in a school as a certified health educator.

Medical Professional Applicants

☐ Practicing Physician
☐ Practicing Physician Assistant
☐ Practicing Nurse Practitioner

Organization/Agency Applicants

☐ Representative from an organization or agency involved with the health of school children.

Parent Applicants

☐ Parent of a school-age child currently enrolled in a Texas school.
☐ Parent of a school-age child with special health care needs currently enrolled in a Texas school.

SECTION 3 (Certified Health Educators ONLY)

A **Certified Health Educator** must be currently employed in a kindergarten – 12th grade school setting. A Certified Health Educator must have a current certification from the Texas State Board of Educator Certification, as required by the Texas Administrative Code, in order to have the prerequisite

content (based on the Texas Essential Knowledge and Skills) and professional knowledge in health education, necessary for an entry-level position in Texas public schools.

Please complete SECTION 3 only if you are applying in the Certified Health Educators category. Please also include a resumé.

Describe your direct knowledge and experience with health education in Texas schools. Examples include: planning or providing health education in the classroom, serving on school health education committee, serving on school curriculum development committee, actively participating in your local school health advisory council, etc.

SECTION 4 - Medical Professional Applicants ONLY

Persons who are current Texas licensed physicians, physician's assistants or nurse practitioners who provide health services to Texas school-age children may apply to be on this committee. We call this person a "Medical Professional". DSHS will verify that your medical or advanced practice nursing license is current and in good standing.

Please complete SECTION 4 only if you are applying in the medical professional category. Please also include a resumé.

I am applying for the Medical Professional category and I am a:

- ☐ Physician License #:
- ☐ Physician's Assistant License #:
- ☐ Nurse Practitioner (Advanced Practice RN) License #:

Please tell us about your direct knowledge and experience with publicly funded school health programs and services. Examples include actively participating in your local school health advisory council, being a member of the school improvement team, or serving as a medical director or providing services for a school-based health center.

SECTION 5 - Organization/Agency Representatives ONLY

A person who represents an organization/agency that provides services to school-age children may apply to be on this committee. We call this person a "Representative of an Organization/Agency". The organization/agency must provide support student learning, development, mental health, substance abuse, and/or health-related activities.

Please complete SECTION 5 only if you are applying in the Representative of an Organization and/or Agency that provides services to school-age children category. Please also include a resumé. In addition, you must include a letter of support from the leadership of your organization/agency supporting your appointment.

Please tell us about your direct knowledge and experience with publicly funded school health programs and services. Include the function, purpose or mission of your organization/agency. Include your responsibility within your organization/agency and how you interact with schools or school-age children to improve children's health.

SECTION 6 - Parent Applicants ONLY

A person who is the legal guardian of a school-age child currently enrolled in a Texas school may apply to be on this committee. We call this person a "**parent**". Those applying as a parent should expect to declare the age(s) of the child or children currently enrolled in school. A school-age child is one enrolled in kindergarten through high school with enrollment current as of the deadline for submitting applications for membership in the TSHAC. One of the five TSHAC positions for parents must be filled by a parent of a child **Please complete SECTION 6 only if you are applying as a Parent of a school-age child. Please also include a resumé.**

Please tell us about your direct experience with publicly funded school health programs and school health services. Examples include: actively participating in your local school health advisory council, Parent Teacher Association, campus improvement teams, etc.

SECTION 7 - Achievements, Philosophy & Interest - ALL APPLICANTS

List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee and have made to school health programs and services:

Please explain your philosophy of school health programs and services.

Please tell us why you want to serve on this committee.

Have you ever been disciplined by any licensing board or professional or civic organization, including the Health and Human Services Commission (HHSC) Inspector General?

☐ **No** ☐ **Yes**

If yes, please explain:

SECTION 8 - Miscellaneous Information – ALL APPLICANTS

Do you have a personal or private interest in a matter pending before DSHS or HHSC? ("Personal or private interest" means you have a direct monetary interest in the matter or owe your loyalty to an entity involved, but does not include the member's engagement in a profession, trade or occupation when the member's interest is the same as all others similarly engaged in the profession, trade or occupation.)

☐ **No** ☐ **Yes**

Have you served, or are you currently serving, on other advisory committees, councils, or work groups? If so, please list the name of the group, its charge, and your role.

☐ **No** ☐ **Yes**

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

☐ **No** ☐ **Yes**

If yes, please explain:

SECTION 9 – References – ALL APPLICANTS

Please provide the names and contact information for two people who can tell us more about your qualifications to serve on the committee. References can include employers, clients, religious leaders, community leaders, advocates, friends, or others who know about your interest in or involvement with coordinated school health programs and school health services.

Reference #1

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

Reference #2

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

SECTION 10 - Member Participation and Affirmation – ALL APPLICANTS

Every member appointed to the Texas School Health Advisory Committee must attend regularly and must participate in subcommittee activities, if needed.

- Regular committee meetings are held in Austin twice a year or at the call of the presiding officer. Each meeting may last several hours.
- Subcommittee meetings may happen at other times. Members must travel to Austin for these meetings or participate by Microsoft Teams. Each meeting may last several hours.
- Sometimes, members participate in other activities in their home communities. These activities might include town hall meetings or presentations.
- *Please note: To the extent permitted by the current state budget, a committee member who is in the parent category may be repaid for their travel expenses to and from meetings if money is available. Other committee members are not paid to attend or travel to and from committee meetings.*

Do you believe you will be able to regularly participate in Texas School Health Advisory Committee activities, if you are appointed?

☐ **No** ☐ **Yes**

If no, please explain:

All the information contained in this application is true and correct. I understand that the committee will meet in Austin at least two times per year, or more as business needs dictate. If selected, I will make every effort to attend all committee meetings.

Signature (typed name is acceptable)

Date

Required Documents:

- **All Applicants** must submit the completed application.
- **All Applicants** must also submit a resumé.
- **Organization/Agency Representative Applicants** must also submit a letter of support from the leadership of the organization or agency supporting your appointment.

Please return this form and any supporting documentation to:

Email: SchoolHealth@dshs.texas.gov

Subject: Texas School Health Advisory Committee Member Application

Mail: Texas School Health Program
Texas Department of State Health Services

P.O. Box 149347, Mail Code 1945
Austin, Texas 78714-9347
Attn: Dianna Pierson

Fax: 512-776-7555
Attn: School Health Program – Dianna Pierson
Subject: Texas School Health Advisory Committee Member Application

If you have any questions about the application or the Texas School Health Advisory Committee, please contact Dianna Pierson at SchoolHealth@dshs.texas.gov or visit [Texas School Health Advisory Committee \(TSHAC\) | Texas DSHS](#).

This agency does not discriminate against applicants and members of Texas Health and Human Services committees because of race, color, national origin, disability, religion, age or sex.