



# Newborn Screening Advisory Committee Application for Membership

If you would like to apply to be a member of the Newborn Screening Advisory Committee (committee), please fill out this application. The committee will advise the Texas Department of State Health Services (DSHS) on:

- Strategic planning, policy, rules, and services related to Texas newborn screening and additional newborn screening tests for each disorder included in the list described by [Texas Health and Safety Code, Section 33.011 \(a-1\)](#); and
- The necessity of requiring additional newborn screening tests, including an assessment of the test implementation costs to DSHS, birthing facilities, and other health care providers.

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

Please attach supporting documents such as letters of recommendation, résumé, curriculum vitae, certifications, if desired.

DSHS will use the information you put on this required application, supporting documents, relevant statutes and rules, references, and available background check information to determine your eligibility to serve on this advisory committee.

**Important note:** To the extent permitted by the current state budget and Texas Health and Human Services Commission Travel Policy, advisory committee members may receive travel expense reimbursement to participate on the committee.

**DSHS will not consider applications received after 11:59 p.m.,  
July 27, 2024.**

## SECTION 1 - Personal Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Information

Business/Organization: \_\_\_\_\_

Business/Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: Texas ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Current Position Title: \_\_\_\_\_

### Please select where you would like to receive communications:

Work Email     Home Email     Work Address     Home Address

### Application type

New/Initial Application (Select if you have not previously served on the committee.)

Renewal Application (Select if you have previously served or currently serve on the committee.)

### Sex

Male                       Female

## **Race/Ethnicity**

- American Indian/Alaskan Native       Asian/Pacific Islander
- Black       Hispanic
- White       Other: \_\_\_\_\_

## **SECTION 2 – Open Advisory Committee Categories**

**DSHS is accepting applications for all membership categories. The committee must include representatives selected from the categories listed below. Select the categories you want to apply for. You may select more than one category that applies to you. However, to be considered for a category, you must meet the requirements of that category.**

### ***Person with sickle cell disease or trait or with a family member affected by a condition Applicants:***

- Person with a family member affected by a condition for which newborn screening is or may be required. (2 positions)
- Person with sickle cell disease or trait or a person who has a family member with sickle cell disease or trait. (1 position)

### ***Professional Applicants:***

- Physician licensed to practice medicine in Texas. (3 positions)
- Physician specializing in neonatal-perinatal medicine who is licensed to practice medicine in Texas. (2 positions)
- Hospital representative. (2 positions)
- Health care provider involved in the delivery of newborn screening services, follow-up, or treatment in Texas. (2 positions)
- Health care provider involved in the delivery of services, follow-up, or treatment of people with sickle cell disease or trait in the Texas. (1 position)

### **SECTION 3 (Person with Sickle Cell Disease or Trait or with a Family Member Affected by a Newborn Screening Condition Applicants Only)**

A person with sickle cell disease or trait or with a family member affected by a condition for which newborn screening is or may be required may apply to be on the committee. Family members include parents, spouses, guardians, grandparents, adult siblings, or adult children.

Please complete this section only if you are a person with sickle cell disease or trait or with a family member affected by a newborn screening condition. You may attach supporting documents such as a résumé, curriculum vitae, certification, or letters of recommendation, if desired. If you do not fit this category, please skip to SECTION 4 (Professional Applicants Only).

**Please tell us about your direct experience with newborn screening and how you fit the member category.**

**Please tell us why you want to serve on the committee.**

## **SECTION 4 (Professional Applicants Only)**

A professional applicant may apply to be on the committee. Professional applicants include physicians, health care providers, and hospital representatives.

Please complete SECTION 4 only if you are a professional applicant. You may attach supporting documents such as a résumé, curriculum vitae, certification, or letters of recommendation, if desired.

**Please describe your direct knowledge of Texas newborn screening.**

**Please tell us why you want to serve on the committee.**

**List your education, professional licenses, registration, or certification. If none of the above apply, please tell us how you fit into the category you are applying for.**

**Please tell us about your direct and relevant experience related to Texas newborn screening (paid employment or volunteer).**

**List your relevant personal and professional achievements, including activities, awards, and publications, that address contributions you could make to the committee.**

## **SECTION 5 – Miscellaneous Information**

**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 newborn screening or owe your loyalty to an entity involved. Please note this 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**

**If yes, please explain:**

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

**No**     **Yes**

**If yes, please explain:**

**Have you ever been disciplined by any licensing board or professional or civic organization, including the HHSC Inspector General?**

**No**     **Yes**

If yes, please explain:

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

**Please list any current or former membership you have with organizations, including leadership positions, if applicable.**



## **SECTION 6 – References**

Please provide two reference names and contact information 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, newborn screening.

### **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 7 - Member Participation

Every appointed committee member must attend meetings regularly and participate in subcommittee activities when applicable.

- The committee meets at least three times a year, or about once every three or four months. The DSHS Commissioner or presiding officer may also call a special committee meeting. Members must travel to Austin for these meetings or attend virtually. Each meeting may last several hours.
- Subcommittee meetings occur quarterly or more often, as needed. Members may travel to Austin for these meetings or participate virtually. Each meeting may last up to several hours.
- At times, members participate in other activities such as town hall meetings or presentations.
- Please note – To the extent permitted by the current state budget and in accordance with HHSC Travel Policy, an advisory committee member may receive travel expense reimbursement to and from advisory committee meetings if money is available.

**If you are appointed, do you believe you will be able to regularly participate in committee activities?**

Yes    No

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 three times per year. If selected, I will make every effort to attend all committee meetings and applicable subcommittee meetings.***

**Signature** (*electronic signature or typed name below is acceptable*):

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**Date:**

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**Please submit this application and any supporting documents by email, mail, or fax.**

**Email**

[NewbornAdvisory@dshs.texas.gov](mailto:NewbornAdvisory@dshs.texas.gov)

Subject: NBSAC Application 2024

**Mail**

Texas Department of State Health Services

P.O. Box 149347, Mail Code 1918

Austin, Texas 78714-9347

Attn: Aimee Millangue

**Fax**

512-206-3909

Attn: Aimee Millangue

If you have any questions about the application or the Newborn Screening Advisory Committee, please contact Aimee Millangue by email at [NewbornAdvisory@dshs.texas.gov](mailto:NewbornAdvisory@dshs.texas.gov).