**Antimicrobial Stewardship Regional Advisory Committee**

**Application for Advisory Committee Membership**

If you would like to be a member of the Antimicrobial Stewardship Regional Advisory Committee (ASRAC),please fill out this application. As required by the Health and Safety Code, Sec. 81.015. [Antimicrobial Stewardship Regional Advisory Committees](https://statutes.capitol.texas.gov/Docs/HS/htm/HS.81.htm#81.015) (ASRAC) shall be established in each of the public health regions (PHRs) of Texas to address antimicrobial stewardship in long-term care facilities and to improve antimicrobial stewardship through collaborative action.

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

DSHS will use the information on your application to decide if you’re eligible to serve on this committee.

***Important note:*** *Advisory committee members are not paid to attend or receive travel reimbursement to attend committee meetings.*

**DSHS has extended** **the deadline for** [**Public Health Region 1**](https://www.dshs.texas.gov/regional-local-health-operations/public-health-regions/texas-local-public-health) **to March 29th. DSHS will not consider an application, received or postmarked, after March 29, 2024, at 5:00 p.m. (Individuals who previously submitted applications do not need to resend applications.)**

**SECTION 1 - Personal Information**

Name:

Home Address:

City: State: TX ZIP: Phone:

Fax: Email:

**Employment Information**

Business/Organization:

Address of work (place of work if not headquarters):

City: State: TX ZIP: Phone:

Fax: Email:

Current Position Title:

**Please check where you would like to receive further communications:**

[ ]  Work Email [ ]  Home Email [ ]  Work Address [ ]  Home Address

*Application*

[ ]  Initial Application

*Gender*

[ ]  Male [ ]  Female

*Race or Ethnicity*

[ ]  American Indian/Alaskan Native [ ]  Asian/Pacific Islander

[ ]  Black [ ]  Hispanic

[ ]  White [ ]  Other

**SECTION 2**

**Describe your direct knowledge of and experience with DSHS infectious disease prevention programs, including antimicrobial stewardship.**

**Explain why you are interested in serving on this committee.**

**List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee, as applicable.**

**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 3**

**Applications are being accepted for the following positions at this time. State law requires that the ASRAC include at least one person to represent each of the following categories. Please check the category you would like to apply for. You may select more than one category that applies to you.**

[ ] Physician(s) (MD or DO)

[ ]  Director(s) of Nursing or equivalent consultant with long-term care facilities

[ ]  Public Health Official(s) knowledgeable about antimicrobial stewardship

[ ]  Other interested parties

**Member Participation**

Every member appointed to an ASRAC must attend regularly and must participate in subcommittee activities, if required.

* Regular committee meetings (virtual or in-person) are held at least once every 12 months. The presiding officer may also call a special committee meeting. Members may need to travel to designated location(s) within the Public Health Region (PHR) for these meetings. Each meeting may last several hours.
* Subcommittee meetings (virtual or in-person) may happen at other times. Members may need to travel to designated location(s) within the PHR for these meetings. Each meeting may last several hours.
* ***Please note:*** *Travel expenses to advisory committee meetings, subcommittee meetings, workgroup meetings or any other activities* ***are not reimbursed***.

**Do you believe you will be able to regularly participate in an ASRAC activity, if you are appointed?**

[ ] **No** [ ] **Yes**

If no, please explain:

**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.**

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

**[ ]  No [ ]  Yes**

If yes, please explain:

**Reference**

Please provide the names and contact information for one individual who can tell us more about your qualifications to serve on the committee. A reference can include an employer, a client, a religious leader, a community leader, an advocate, a friend, or someone who knows about your interest in and/or involvement with activities designed to improve antimicrobial stewardship through collaborative action.

In addition to the reference listed below, please submit a letter of recommendation along with this application by one of the methods provided at the end of this document.

**Reference**

Name:

Address:

City: State: ZIP:

Daytime Phone:

Email:

Relationship (how this person knows you):

**All the information contained in this application is true and correct. I understand that the committee will meet in designated location(s) within the PHR at least one time per year. If selected, I will make every effort to attend all committee/subcommittee meetings.**

*Signature (typed name is acceptable) Date*

**Please return this form and any supporting documentation to:**

By Email: AntibioticStewardship@dshs.texas.gov

Subject: Antimicrobial Stewardship Regional Advisory Committee

OR

By Mail: Texas Department of State Health Services

P.O. Box 149347, Mail Code: 1960

Austin, Texas 78714-9347

Attn: Antibiotic Stewardship Team, HCSU

OR

By Fax: 512.776.7253

Attn: Antibiotic Stewardship Team, HCSU

RE: Antimicrobial Stewardship Regional Advisory Committee

If you have any questions about the application or the ASRAC, please contact the Antibiotic Stewardship Team at AntibioticStewardship@dshs.texas.gov.