



STATE CHILD FATALITY REVIEW TEAM COMMITTEE
Application for Membership

If you would like to be a member of the Texas State Child Fatality Review Team (SCFRT) Committee, please submit the following:

- A completed application
- A resumé
- Two recommendation letters

The Texas Department of State Health Services (DSHS) will only consider completed applications with supporting documents when determining eligibility to serve on the SCFRT.

Complete this application in a brief yet informative manner. If a question does not apply, enter "N/A" and it will not be scored.

DSHS will not consider any applications received after 11:59 p.m. CST, November 30, 2026.

SECTION 1 – Application Type and Position Category

Application Type

- ☐ New/Initial Application
☐ Application for Reappointment

Position Category

DSHS is accepting applications for the following positions. State law requires the SCFRT Committee to include at least one person to represent the following roles.

- ☐ A child advocate
☐ A child educator
☐ A criminal prosecutor involved in prosecuting crimes against children
☐ A representative of the Department of Public Safety
☐ An Emergency Medical Services (EMS) provider
☐ A justice of the peace
☐ A medical examiner
☐ A neonatologist
☐ A representative of the Texas Department of Transportation

SECTION 2 - Personal Information

Name:

Home Address:

City:

County:

State: TX ZIP:

Phone:

Personal Email:

Employment Information

Business/Organization:

Address:

City:

State: TX ZIP:

Phone:

Work Email:

Current Position Title:

Please check where you would like to receive further communication from DSHS:

☐ Work Email

☐ Personal Email

☐ Work Address

☐ Home Address

SECTION 3 – SCFRT Committee Applicants

Please attach the required resumé and two recommendation letters.

The SCFRT consists of professionals and subject matter experts who are dedicated to reducing child fatalities in Texas.

Please share your direct experience with child fatality reviews in your area. Do you currently serve on a local Child Fatality Review Team (CFRT)? NOTE: Each member of the SCFRT must be a current member of the CFRT in the county where the applicant resides.

Please explain why you are interested in serving in this position on the SCFRT.

Provide your current experience, knowledge, skills, and personal and professional achievements for this position. How is your experience relevant to this position and your local team, and what will you bring to the SCFRT?

List any current, relevant licensures that could contribute to this position. (Do not state 'see resumé.')

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

☐ **No** ☐ **Yes**

If yes, please explain:

SECTION 4 - 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**

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 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:

Race/Ethnicity

☐ American Indian/Alaskan Native	☐ Asian/Pacific Islander
☐ Black	☐ Hispanic
☐ White	☐ Other

SECTION 5 - Member Participation and Affirmation

Every member appointed to the SCFRT is expected to attend all meetings and may also participate in subcommittee activities.

- Regular committee meetings are held quarterly. The SCFRT chair may also call special meetings. Members must attend meetings in person or virtually, as established by DSHS. Each meeting may last several hours.
- Subcommittee meetings may occur outside the regularly scheduled quarterly meetings. Members must attend subcommittee meetings in person or virtually, as established by DSHS. Each subcommittee meeting may last several hours.
- Appointed members must commit to serving in the appointed position for three years.

Do you believe you will be able to regularly participate in SCFRT and subcommittee 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 SCFRT will meet quarterly in person or virtually . If selected, I will attend all SCFRT and subcommittee meetings.

Signature (typed name is acceptable)

Date

Please return this application and supporting documentation to:

Email: cftr@dsht.texas.gov

Attn: Sarah Blezinger, Injury Prevention Coordinator

If you have any questions about the application or the SCFRT Committee, please email cftr@dsht.texas.gov, attention: Sarah Blezinger, Injury Prevention Coordinator or visit the DSHS SCFRT website, [State Child Fatality Review Team Committee](#).