



**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 complete applications with supporting documents to decide eligibility to serve on the SCFRT.

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

DSHS will not consider any applications received after 11:59 p.m. (CT), October 22, 2025.

SECTION 1 – Application Type and Position Category

Application Type

- ☐ New/Initial Application
☐ Application for Reappointment

Position Category

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

- ☐ A child mental health provider

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 – Child Mental Health Provider Applicants

Please attach the required resumé and two recommendation letters.

The SCFRT Committee 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 tell us why you want to serve on the SCFRT in this position.

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

List your relevant current 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
Black
White

Asian/Pacific Islander
Hispanic
Other

SECTION 5 - Member Participation and Affirmation

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

- Regular committee meetings are held quarterly. The SCFRT chair may also call a special meeting. Members must attend meetings in person or virtually, as established by DSHS. Each meeting may last several hours.
- Subcommittee meetings may happen outside of regularly scheduled quarterly meetings. Members must attend meetings in person or virtually, as established by DSHS. Each 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 the SCFRT will meet in person or virtually quarterly. 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: cfrt@dshs.texas.gov

Attn: Sarah Blezinger, Injury Prevention Coordinator

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