

Department of State Health Services

## Texas Maternal Mortality and Morbidity Review Committee Application for Advisory Committee Membership

### Section 1 — Application Information

The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) is currently accepting applications for two appointments.

The MMMRC makes recommendations to help reduce the incidence of pregnancy-related deaths and complications in Texas by studying and reviewing:

- Cases of pregnancy-related deaths;
- Trends, rates, or disparities in pregnancy-related deaths and severe maternal morbidity;
- Health conditions and factors that disproportionately affect the most at-risk populations; and
- Best practices and programs operating in other states that have lower rates of pregnancy-related deaths compared with Texas.

#### Member Participation

Every member appointed to the MMMRC must attend regularly scheduled quarterly meetings in Austin or virtually and must participate in subcommittee and case review team activities as scheduled.

- Meetings will be held in Austin at least four times per year or at the call of the DSHS Commissioner. In-person meeting participation is strongly encouraged. Each MMMRC meeting may last one or two days during regular business hours.
- MMMRC Case review team meetings occur up to twice monthly. Each meeting lasts approximately two hours and requires independent preparation in advance.
- Members serving on subcommittees will be required to attend subcommittee meetings.
- If a member does not attend three consecutive MMMRC quarterly meetings within a one-year period with or without notice, the member may be removed from the MMMRC.

If you would like to be a member of the MMMRC, please fill out this application. If a question does not apply to you enter, "N/A."

**DSHS will use the following information to decide if you are eligible to serve on this committee:**

- Application;
- Résumé or curriculum vitae; and
- Two letters of recommendation.

#### Application Deadline and Timeline

All applications must be complete by January 30, 2026, to be reviewed.

DSHS will not consider an application received after 11:59 p.m., January 30, 2026. Important note: Members will not receive compensation for participation or reimbursement for travel.

### Section 2 — Personal Information

Full Name	Home Address	City	State TX	ZIP
Phone Number	FAX	Email		

#### Employment Information

Business/Organization	Address	City	State TX	ZIP
Phone Number	FAX	Email		

Current Position Title

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

- Work Email       Home Email

<b>Application</b>	<b>Sex</b>
<input type="checkbox"/> New/Initial <input type="checkbox"/> Renewal	<input type="checkbox"/> Male <input type="checkbox"/> Female

#### Race/Ethnicity

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

**Section 3 — Interest and Experience (All Applicants must complete this section)**

Applications are only being accepted for the following positions at this time. State law requires that the MMMRC include at least one person to represent each of the following categories. All qualified applicants should check the position for which you would like to apply. If applicable, you may select more than one position.

Physician specializing in Critical Care

**Note:**

Please answer each question thoughtfully and fully—do not write, “See Résumé.”

**1. Describe your direct knowledge of maternal mortality and morbidity in Texas.**

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

**3. List your education, professional licenses, registrations, or certifications related to the role that you have applied.**

**4. Please tell us about your direct and relevant experience (paid employment or volunteer) related to the role that you have applied.**

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

**6. Please list any current or former membership or board position(s) you have held with organizations, including leadership positions, if applicable.**

**7. 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 — Interest and Experience (All Applicants must complete this section)**

**Do you believe you will be able to regularly participate in MMMRC activities 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.**

**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

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

No     Yes    If yes, please explain:

## Section 5 — Acknowledgment and Signature

All the information contained in this application is true and correct. I understand that the MMMRC requires a strong voluntary commitment, including meeting in Austin, Texas, or virtually at least four times per year, attending virtual/telephonic monthly case review team meetings as scheduled, and attending subcommittee meetings as appropriate. If selected, I will make every effort to be an active and engaged member of the MMMRC and attend all scheduled committee meetings.

*E-Signature*

*Date*

*Signature (typed name is acceptable)*

Please submit this form and supporting documentation via email, mail, or fax.

Email: [MaternalHealth@dshs.texas.gov](mailto:MaternalHealth@dshs.texas.gov)

**Mail:**

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PO Box 149347  
Mail Code 1922  
Austin, TX 78714-9347  
Attn: Shruthi Arismendez, PhD

Fax: 512-776-7658

Attn: Shruthi Arismendez, PhD

If you have any questions about the application or the MMMRC, please contact Shruthi Arismendez, PhD by email at [MaternalHealth@dshs.texas.gov](mailto:MaternalHealth@dshs.texas.gov).