



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

The Texas Maternal Mortality and Morbidity Review Committee (MMMRC) is currently accepting applications for one appointment. 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 appointed MMMRC member must attend regularly scheduled quarterly meetings in Austin or virtually and must participate in subcommittee and case review team activities as scheduled.

- Regular committee meetings are held once every three months or at the call of the Department of State Health Services (DSHS) Commissioner. Members must travel to Austin for these meetings or attend virtually, unless otherwise specified. Each meeting may last one to two days.
- 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 must attend additional meetings as appropriate.
- If a member misses three consecutive meetings within a one-year period with or without notice the member may be removed from the committee.

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.

All applications must be complete by January 31, 2024, to be reviewed.

DSHS will not consider an application received after 11:59 p.m., January 31, 2024.

Important note: MMMRC members are not paid to attend or travel to committee meetings.

SECTION 1—Personal Information

Name:

Home Address:

City: State: TX ZIP: Phone:

Fax: Email:

Employment Information

Business/Organization:

Address:

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

☐ New/Initial Application ☐ Renewal Application

Sex

☐ Male ☐ Female

Race/Ethnicity

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

SECTION 2 (ALL applicants must complete this section.)

Applications are only being accepted for the following position at this time. State law requires that the MMMRC include at least one person to represent the category below.

☐ Physician specializing in Oncology

SECTION 3

Please complete SECTION 3. Please answer each question thoughtfully and fully—do not write, “See Résumé.”

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

Explain why you are interested in serving on this committee.

List your education, professional licenses, registrations, or certifications.

Please tell us about your direct and relevant experience (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.

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

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.

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:

References

Please provide the names and contact information for two people 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 and/or involvement with service delivery. **Please remember to include two letters of recommendation with your application packet submission.**

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):

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.

Signature (typed name below is acceptable) if not e-signed

Date

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

Email: MaternalHealth@dshs.texas.gov

Mail:

Department of State Health Services

PO Box 149347

Mail Code 1922

Austin, TX 78714-9347

Attn: **Kobi Ajayi**

Fax: 512-776-7658

Attn: **Kobi Ajayi**

If you have any questions about the application or the MMMRC, please contact **Kobi Ajayi** by email at MaternalHealth@dshs.texas.gov.