TEXAS DEPARTMENT OF STATE HEALTH SERVICES
APPLICATION FOR BOARD/COMMITTEE APPOINTMENT

Name of Committee/Board Perfusionist Advisory Committee

Initial appointment ☐ *Reappointment* ☐

Position Applied for _____
(Consumer, Non-consumer)

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA". DSHS strives to achieve representation on boards and committee that reflects the geographic and cultural diversity of Texas.

1. Name: _____
First *Middle* *Last*

2. Race/Ethnicity: ☐ White ☐ American Indian/Alaskan 3. Gender: ☐ Female
☐ Black ☐ Asian/Pacific Islander ☐ Male
☐ Hispanic ☐ Other: _____

4. Education: _____

_____

5. Professional License, Registration or Certification, if applicable: _____

6. Relevant Experience (paid employment or volunteer): _____

_____

_____

_____

7. Why do you wish to serve in this capacity? _____

_____

_____

8. List your personal and professional achievements (which address contributions you could make to the committee or board):

_____

_____

_____

_____

9. Have you ever been disciplined by any licensing board or professional association? ☐ Yes ☐ No If yes, please explain:

_____

_____

10. Have you ever been convicted of a felony or a misdemeanor (excluding traffic violations)? ☐ Yes ☐ No If yes, please explain:

_____

_____

11. Home Address:

_____

Street or P.O. Box Apartment #

_____

City State Zip

Home # (_____)_____ Fax # (_____)_____

_____

Home e-mail

12. Employment Address:

_____

Name of Employer

_____

Street or P.O. Box Suite #

_____

City State Zip

Business # (_____)_____ Fax # (_____)_____

_____

Current Position Title

_____

Work e-mail

13. Please indicate where you would like to receive future communications: _____Home _____ Employment

14. TWO SIGNED AND DATED LETTERS OF RECOMMENDATION MUST BE ATTACHED. The letters should be addressed to: Dr. Eduardo Sanchez, Commissioner, Department of State Health Services.

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

_____

Signature of Applicant Date

PLEASE RETURN THIS FORM TO:

Texas State Perfusionists Advisory Committee MC-1982
Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3183

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).