



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
APPLICATION FOR ADVISORY COMMITTEE/COUNCIL/  
BOARD/PANEL APPOINTMENT**

Name of Committee/Council/Board/Panel:

Initial appointment      Reappointment

Specialty:      Other, please specify:      Board certified:

Please complete this application in a brief, yet informative manner. If questions are not applicable, enter "NA."

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

**2. Home Address:** Street or P.O. Box      Apartment #

City      State      Zip      County

Home Phone Number      Home Fax Number      Home e-mail

**3. Employer:** Name of Employer      Current Position Title

**4. Address:** Street or P.O. Box

City      State      Zip      County

Business Phone Number      Business Fax Number      Business e-mail

**5. Where you would like to receive future communications:** Home      Employment

**6. Race/Ethnicity:** American Indian/Alaskan      Asian/Pacific Islander      Black or African-American  
Hispanic      White      Other:

**7. Gender:** Female      Male

**8. Education:**

**9. Professional License and Board:**

**10. Relevant Experience (paid employment or volunteer):** RÉSUMÉS WILL NOT BE CONSIDERED

