



STATE CHILD FATALITY REVIEW TEAM COMMITTEE Advisory Committee Membership Application

If you would like to apply to be a Texas State Child Fatality Review Team (SCFRT) Committee member, please complete this application.

If you would like to apply for multiple SCFRT positions, please complete one application for each position individually.

According to the [Texas Family Code, Subchapter F, Section 264.501](#), the purpose of the SCFRT Committee is to:

- (1) Develop an understanding of the causes and incidence of child deaths in this state;
- (2) Identify procedures within the agencies represented on the committee to reduce the number of preventable child deaths; and
- (3) Promote public awareness and make recommendations to the governor and the legislature for changes in law, policy, and practice to reduce the number of preventable child deaths.

Only complete applications will be considered. Please include the following with your application packet submission:

- A fully completed application;
- A resumé; and
- Two recommendation letters.

The Texas Department of State Health Services (DSHS) will use completed applications to select eligible applicants to serve on this committee. DSHS will use resumé information and recommendation letters as supporting documents in this process. DSHS also tries to choose committee members who represent the diversity of all Texans. For that reason, DSHS considers an applicant's ethnicity, gender, and geographic location.

Important note: Committee members may be reimbursed for their travel to and from in-person meetings if funds are available.

Note: Current members reaching the end of their first term must re-apply to be considered for a second term on the SCFRT Committee.

If a question does not apply to you, enter "N/A" and it will not be scored.

DSHS will not consider an application received after 11:59 p.m. CST, October 7, 2024.

SECTION 1 - Personal Information

Name:

Home Address:

City: State: TX ZIP:

Phone: Fax: Home Email:

Employment Information

Business/Organization:

Address:

City: State: TX ZIP:

Phone: Fax: Work Email:

Current Position Title:

Please check where you would like to receive communication from DSHS:

Work Email Home Email Work Address Home Address

Application

New/Initial Application Renewal Application

Sex

Male Female

Race/Ethnicity

American Indian/Alaskan Native Asian/Pacific Islander

Black Hispanic

White Other

SECTION 2

DSHS is accepting applications for the following positions. State law requires that the SCFRT Committee include at least one person to represent each of the following roles. Please check the role you would like to apply for. Please submit one application per position.

- A Criminal Prosecutor involved in prosecuting crimes against children
- A Sheriff
- A Police Chief
- A Public Health Professional
- A Sudden Infant Death Syndrome Family Service Provider
- A Child Advocate
- A Chief Juvenile Probation Officer
- A Child Abuse Prevention Specialist
- A Provider of services to, or an Advocate for, victims of family violence

SECTION 3

The SCFRT Committee consists of professionals and subject matter experts who are dedicated to reducing child fatalities in Texas.

Please complete SECTION 3. Attach the required resumé and certification documentation if appropriate.

Please tell us about your direct experience with child fatality reviews in your area. Do you currently serve on a local Child Fatality Review Team? Please note, each member of the state committee must be a current member of the child fatality review team in the county where the committee member resides.

Please tell us why you want to serve on this SCFRT Committee in the position specified in SECTION 2.

Provide your current experience, knowledge, skills, and personal and professional achievements for the position specified in SECTION 2. How is this experience relevant to the position, your local team, and what you will bring to the SCFRT Committee?

List your relevant current licensures that could contribute to the position specified in SECTION 2. (Do not state see resume or certification.)

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:

Member Participation

Every member appointed to the SCFRT Committee must attend meetings regularly and may also participate in subcommittee activities.

- Regular committee meetings are held quarterly. The presiding chair may also call a special committee meeting. Members must attend meetings in person, by telephone, or other electronic medium as established by DSHS. Each meeting may last several hours.
- Subcommittee meetings may take place outside of regularly scheduled quarterly committee meetings. Participating members must attend meetings in person, by telephone, or other electronic medium as established by DSHS. Each meeting may last several hours.

Do you believe you will be able to regularly participate in SCFRT Committee and subcommittee 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 group's name, 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:

All the information contained in this application is true and correct. I understand that the SCFRT Committee will meet virtually or in Austin, TX quarterly. If selected, I will attend all committee and subcommittee meetings.

Signature (typed name is acceptable)

Date

Please return this form and any 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 submit them to cfrt@dshs.texas.gov, attention: Sarah Blezinger, Injury Prevention Coordinator.