



Application for Appointment to the Home Medical Equipment Services Advisory Council

House Bill 49, 132nd General Assembly, created the Home Medical Equipment Services Advisory Council as part of the State of Ohio Board of Pharmacy. The Board shall appoint members for the purpose of advising the board on issues relating to providing home medical equipment services and shall consist of not more than seven members.

The advisory council will include half day meetings located at the State of Ohio Board of Pharmacy's office at least two times per year. Members will be reimbursed actual and necessary expenses incurred (e.g. parking, mileage).

To be considered for the council, please complete the application below by **January 25, 2018**.

RETURN THIS APPLICATION BY:

Mail to the address below, Attn: Home Medical Equipment Services Advisory Council or

Email to: ali.simon@pharmacy.ohio.gov

NOTE: Submit a copy of your current resume or curriculum vitae with this application.

Applicant Information

First Name	Last Name	MI
Street Address	County	
City/State/Zip	Phone (xxx-xxx-xxxx)	
E-mail	Employer License # (If Applicable)	

Current Employment Information

Job Title	Employer Name
Street Address	County
City/State/Zip	Phone (xxx-xxx-xxxx)



Length of Employment with Current Employer

List Area(s) of Expertise and/or Specialty

Areas of Specialty

Statement

Please provide a brief narrative of your interest, availability, professional affiliations and qualifications for serving on the advisory council. Please submit a copy of your current resume or curriculum vitae with this application.

Attestation

I attest that the information provided is true and accurate to the best of my knowledge. If appointed, I understand that I will serve at the discretion of the State of Ohio Board of Pharmacy.

Signature

Date

Applicants will be notified of their selection in February 2018.