



Application for Appointment to the Home Medical Equipment Services Advisory Council

Updated 1/27/2026

The Home Medical Equipment Services Advisory Council, established in ORC 4752.24, advises the Ohio Board of Pharmacy on issues relating to providing home medical equipment (HME) services. The Council was established as part of board consolidation efforts in HB 49 (132nd GA).

The Council serves as the rules review committee for new home medical equipment service provider rules prior to filing with the Common Sense Initiative and provides recommendations to the Board on issues relating to the regulation of home medical equipment service providers.

The Council consists of five members who represent different parts of the state and are knowledgeable in the provision of home medical equipment services. Members are appointed by the Board to three-year terms. All meetings are open to the public and are held virtually in accordance with ORC 121.221. The meetings last approximately 60-90 minutes.

The Home Medical Equipment Services Advisory Council is facilitated by Board staff members who manage the Council. This includes staff from legal, compliance and enforcement, and policy and communication departments.

Instructions: *Submit a copy of your current resume or curriculum vitae with this application to summer.reyburn@pharmacy.ohio.gov.*

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Part 1 – Applicant Information

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

Part 2 – Current Employment Information

Job Title	Employer Name
Street Address	County
City/State/Zip	Phone (xxx-xxx-xxxx)
Length of Employment with Current Employer	

Part 3 – List Area(s) of Expertise and/or Specialty

Areas of Specialty

Part 4 – 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.*

Part 5 – Attestation – *A digital or wet ink signature may be used.*

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 OHIO BOARD OF PHARMACY.

Signature	Date Signed
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