If you wish to apply to be a member of the e-Health Advisory Committee, please fill out this application. The e-Health Advisory Committeewill advise the Texas Health and Human Services Commission (HHSC), Department of State Health Services, Department of Family and Protective Services, Department of Aging and Disability Services, and Department of Assistive and Rehabilitation Services on strategic planning, policy, rules, and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth, and home telemonitoring services.

If a question does not apply to you, enter “N/A.”

**Please attach a résumé.**

HHSC will use the information you put on this application and your résumé to decide if you are eligible to serve on this committee.

*Important note: Advisory Committee members are not paid to attend or travel to advisory committee meetings.*

**HHSC will not consider an application received or postmarked after 4:00 p.m. Friday, September 2, 2016.**

**SECTION 1 - Personal Information**

Name:

Home Address:

City:       State: TX Zip:       Phone:

Fax:       Email:

**Employment Information**

Business/Organization:

Address:

City:       State: TX Zip:       Phone:

Fax:       Email:

Current Position Title:

**Please indicate where you would like to receive further communications:**

[ ]  Work Email [ ]  Home Email [ ]  Work Address [ ]  Home Address

*Application*

[ ]  New/Initial Application [ ]  Renewal Application

*Gender*

[ ]  Male [ ]  Female

*Race/Ethnicity*

[ ]  American Indian/Alaskan Native [ ]  Asian/Pacific Islander

[ ]  Black [ ]  Hispanic

[ ]  White [ ]  Other

**SECTION 2 (Recipients/Family Applicants Only)**

Not applicable to this committee.

**SECTION 3 (Professional Applicants Only)**

**A professional may apply to be on this committee. Professional applicants include: providers; professional associations; non-profit organizations; managed care organizations and other subject matter experts.**

**Please complete SECTION 3 only if you are a professional applicant. You are required to attach a resumé.**

**Describe your direct knowledge of the publicly funded HHS service areas addressed (ex: public health related programs, behavioral health system, assisted living systems in Texas, and/or the Texas Medicaid Program).**

**Explain why you are interested in serving on this committee.**

**List your relevant personal and professional achievements, including current licensures and activities that address contributions you could make to the committee.**

**Have you ever been disciplined by any licensing board/professional or civic organization, including the HHSC Inspector General?**

[ ]  No [ ]  Yes

If yes, please explain:

**SECTION 4 (ALL applicants must complete this section.)**

**State law requires that the e-Health Advisory Committee include at least one individual to represent each of the following categories. Please check the category you would like to apply for. You may select more than one category that applies to you.**

[ ]  Representative from the Texas State Board of Pharmacy;

[ ]  Representative of the pharmaceutical industry;

**Member Participation**

Every member appointed to the e-Health Advisory Committee must attend regularly and must participate in subcommittee/workgroup activities.

* Regular committee meetings are held about once every four months. The presiding officer also may call a special committee meeting. Members must travel to Austin for these meetings. Each meeting may last several hours.
* Subcommittee/workgroup meetings may meet at other times. Members must travel to Austin for these meetings or participate by phone. Each meeting may last several hours.
* Sometimes, members participate in other activities in their home communities. These activities might include town hall meetings or presentations.
* *Please note: travel expenses to advisory committee meetings, subcommittee meetings, workgroup meetings, or any other activities* ***are not reimbursed***.

**Do you believe you will be able to regularly participate in the e-Health Advisory Committee activities, if you are appointed?** [ ] **Yes [ ] No**

If no, please explain:

**Miscellaneous Information**

**Do you have a personal or private interest in a matter pending before the Texas Health and Human Services Commission, Department of State Health Services, Department of Family and Protective Services, Department of Aging and Disability Services, and Department of Assistive and Rehabilitation Services?** ("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.)

[ ] **Yes [ ] No**

**References**

Please provide the names and contact information for two people who can tell us more about your qualifications to serve on the advisory committee. References can include employers, clients, religious leaders, community leaders, advocates, friends, or others who know about your interest in and/or involvement with service delivery through Medicaid. *If you are applying as a provider, include at least one client reference.*

**Reference #1**

Name:

Address:

City:       State:       Zip:

Daytime Phone:

Email:

Relationship (how this person knows you):

**Reference #2**

Name:

Address:

City:       State:       Zip:

Daytime Phone:

Email:

Relationship (how this person knows you):

**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 advisory committee will meet in Austin at least three times per year. If selected, I will make every effort to attend all advisory committee meetings.**

              *Signature (typed name is acceptable) Date*

**Please return this form and any supporting documentation to:**

*Email: HHSHealthIT@hhsc.state.tx.us*

*Attn: Adriana Rhames*

*Mail: Texas Health and Human Services Commission*

*P.O. Box 13247, Mail Code 4400*

*Austin, Texas 78711*

*Attn: Adriana Rhames*

If you have any questions about the application or the e-Health Advisory Committee, please contact *Adriana Rhames* at *HHSHealthIT@hhsc.state.tx.us.*