

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Fay Alexander	
BOARD/COMMISSION NAME:	Health and Wellness Council
PART 2:	
Please Check Item(s):	Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature)
	☒ Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: ☒ Financial Interest ☒ Employment	
Financial Interest	Employment
Name of Entity where the financial interest exists: David Alexander Independence Hearing Group D.B.A. Bethesda Audiology Center	Employment to be Exempted: The Coordinating Center 8531 Veterans Highway 3 rd Floor Millersville, MD 21108
Address of Entity: 8218 Wisconsin Avenue Suite 106 Bethesda, MD 20814	Your Position/Job Title: Operations, Compliance, and Contracts Coordinator
Interest to be Exempted: Financial and employment interests	
Current Value: ☐ Under \$1,000 ☐ \$1,000-\$5,000 ☐ \$5,000-\$10,000 ☒ \$10,000 or More	
Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.	
While the Council does not directly focus on hearing health, hearing health is an important part of health and wellness. As an audiologist, my spouse owns Independence Hearing Group, and I am directly impacted by the success of his business. I acknowledge that initiatives or discussions related to hearing health could pose as a perceived or real conflict of interest. Additionally, I am employed by The Coordinating Center, which has multiple programs regulated by the Maryland Department of Health. I am willing to recuse myself from any discussions or decisions made by the Health and Wellness Council that may be perceived as, or be an actual, conflict of interest.	
PART 3:	

Appointee: Fay Alexander	Signature: <i>Fay Alexander</i>	Date: 11/18/25
--------------------------	---------------------------------	----------------

Please return completed form to:
Michelle Teoli Morningred, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations
Email: michelle.morningred@maryland.gov
Phone: (667) 203-8985