

# APPOINTEE EXEMPTION DISCLOSURE FORM

## PART 1:

NAME: Christopher Patrick ("Pat") Carroll, MD

BOARD/COMMISSION NAME:	Statewide Steering Committee on Sickle Cell Disease
------------------------	---

## PART 2:

Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature) <input checked="" type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment	
Financial Interest	Employment
Name of Entity where the financial interest exists:	Employment to be Exempted: Johns Hopkins School of Medicine
Address of Entity:	Your Position/Job Title: Associate Professor and Director of Psychiatric Services to the Sickle Cell Center for Adults
Interest to be Exempted:	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$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.

I am clinical faculty at Johns Hopkins serving the patient population that is the Steering Committee's concern.

## PART 3:

Appointee:	Signature: 	Date: 9/30/2025
------------	--	-----------------

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