APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Mary Allison Caudle	
BOARD/COMMISSION NAME:	MASBHC Rep. Immunet Statewide Advisory Commission on Immunizations
PART 2:	
Please Check Item(s):	Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature)
	X Yes (If yes, check box and complete rest of Part 2 and 3)

I request exemption for: ☐ Financial Interest X Employment

Financial Interest	**Employment**
Name of Entity where the financial interest exists:	Employment to be Exempted: Baltimore City Health Department
Address of Entity: 1200 E Fayette St. Baltimore, MD 21202	Your Position/Job Title: Community Health Nurse Supervisor II; School Health Services Coordinator
Interest to be Exempted: Employment	
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.

As the School Health Services Coordinator for the Baltimore City Health Department both the operations of the agency itself as well as the performance of the professional activities of the staff are regulated by MDH and the MD Board of Nursing.

PART 3:		
Appointee:	Signature: Mary A. Caudle	Date: 06/28/2022

Mail, fax, or email this completed form to:
Kim Bennardi, Administrator
Maryland Department of Health
Office of Appointments and Executive Nominations

201 W. Preston Street, Baltimore, MD 21201
Phone: (410) 767-4049 Fax: (410) 767-6489 or 410-333-7687 Email: kim.bennardi@maryland.gov Form #5