APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Malika Closson
Board/Commission Name: Pharmacy and Therapeutics Committee

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:	Employment to be Exempted: Carelon Behavioral Health
Address of Entity:	Your Position/Job Title: Medical Director
Interest to be Exempted:	
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.

My employer Carelon is currently contracted as the Administrative Services Organization (ASO) on the Maryland Medicaid ASO RFP. Carelon works directly with the Maryland Department of Health and in conjunction with BHA to administer this RFP. I am unclear if this is something that actually needs to be exempted, but wanted to ensure that you are aware.

PART 3

Appointee	Signature: , MD	Date: 2/14/25

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