APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Aronica Cotton, MD	
BOARD/COMMISSION NAME:	Maryland Medicaid Drug Use Review Board Nomination
PART 2:	
Please Check Item(s):	Exemption Requested: X 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:
Address of Entity:	Your Position/Job Title:
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.	
PART 3:	
Appointee: Aronica Cotton, MD	Signature: Date: 9/10/2023

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