APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Dennis Daniel Dey, MD , PhD	
BOARD/COMMISSION NAME:	Technical Advisory Committee, PDMP
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: ProActive Pain & Neurology	Employment to be Exempted: UPMC Western Maryland ProActive Pain & Neurology
Address of Entity: 921 Seton Drive, Suite E-H, 925 Bishop Walsh Rd Unit 10-12	Your Position/Job Title: Staff Neurologist, Rehab Physician
Interest to be Exempted: Ownership	
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 an owner and employee of ProActive Pain & Neurology I prescribe opioids and benzodiazepines as do my employed providers. As an employee of UPMC Western Maryland I do the same	
PART 3:	
Date: 10/3/2025	Signature:

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