APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1				
Name:				
Board/Commission Na	me:			
PART 2				
Please Check Item(s):	Exempti	Exemption Requested: No (If no, check box and skip to Part 3, Signature)		
		`	es (If yes, check box and	d 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 Exe	mpted:
Address of Entity:			Your Position/Job Title	:
Interest to be Exempted:				
Current Value: Und	er \$1,000 \$	1,000-\$5,000		
\$5,0	00-\$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.				
may wish to contact the state Ethics commission for information of advice at 410 200 7770.				
PART 3				
Appointee Signature: Suman Date:				Date:

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