APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name:	Caitlin Dowd-Green
Board/Commission Name:	Drug Utilization Review Board

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: Johns Hopkins Hospital
Address of Entity:	Your Position/Job Title: Clinical Pharmacy Specialist
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	Signature: Caitlin Dowd-Green Date: 12/1/22

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