

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:			
NAME: Sarah Edwards			
EMAIL ADDRESS: smme31@yahoo.com			
BOARD/COMMISSION NAME:		Drug Utilization Review Board	
PART 2:			
Please Check Item(s):		Exemption Requested: <input checked="" type="checkbox"/> No (If no, check box and skip to Part 3, Signature)	
		<input type="checkbox"/> Yes (If yes, check box and complete rest of Part 2 and 3)	
I request exemption for: <input type="checkbox"/> Financial Interest <input type="checkbox"/> Employment			
Financial Interest		Employment	
Name of Entity where the financial interest exists:		Employment to be Exempted:	
N/A			
Address of Entity:		Your Position/Job Title:	
Interest to be Exempted:			
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000			
<input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> \$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.			
I work at the University of Maryland Medical School and I did call the State Ethics Commission to make sure there was no conflict and I was informed no exemption was required.			
PART 3:			
Appointee: Sarah Edwards		Signature:	Date: 1/4/24

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