APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Natasha Herbert, PhD, LCPC	
BOARD/COMMISSION NAME:	HB 97 Workgroup on Black, Latino, Asian American, Pacific Islander and Other Underrepresented Behavioral Health Professionals membership
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:	Signature: Natasha Herbert Date: 3/1/2023

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 Form #5