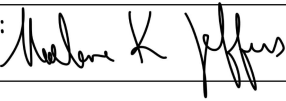


APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:		
NAME: Noelene K. Jeffers		
BOARD/COMMISSION NAME:	Maternal Mortality Review	
PART 2:		
Please Check Item(s):	Exemption Requested: <input type="checkbox"/> No (If no, check box and skip to Part 3, Signature)	
	<input checked="" 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 checked="" type="checkbox"/> Employment		
Financial Interest		Employment
Name of Entity where the financial interest exists:		Employment to be Exempted: Johns Hopkins School of Nursing, 525 N. Wolfe Street, Baltimore MD 21205
Address of Entity:		Your Position/Job Title: Assistant Professor
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 am employed with the Johns Hopkins School of Nursing, which is regulated by the MD Board of Nursing, which is a division of the MD Department of Health.		
PART 3:		
Appointee: Noelene K. Jeffers	Signature: 	Date: 6/26/25

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