

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Alexander Kaysin

BOARD/COMMISSION NAME: MMRT: Maternal Mortality Review Team

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: Physician of the University of Maryland Capital Region Health
Address of Entity:	Your Position/Job Title: Physician
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 an employed full-time physician of the UM Capital Region Health which falls under the regulatory oversight of the Maryland Department of Health.

PART 3:

Appointee: Alexander Kaysin

Signature: 

Date: 6/27/25

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