

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Meredith Kerr
Board/Commission Name: Standing Committee on Opioid-Associated Disease Prevention and Outreach Programs

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: 1.) Behavioral Health Leadership Institute 2.) Johns Hopkins University
Address of Entity:	Your Position/Job Title: 1.) contractor 2.) limited faculty
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	
<p>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.</p> <p>Per the Appointee Exemption Questionnaire, I have "an employer that does any business with, or is it regulated by, the board (or the agency where the board resides including Maryland Department of Health)."</p>	

PART 3

Appointee	Signature: Meredith Kerr	Date: 3/24/25
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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