APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Sharon L. McClernan	
BOARD/COMMISSION NAME:	Standing Advisory Committee on Opioid Associated Disease Prevention & Outreach Programs
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: Partnership for a Healthier Carroll County	Employment to be Exempted: Board Member
Address of Entity:	Your Position/Job Title: Board Member
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.

There was a response about MDH. The Partnership is a formal 501C3 Partnership between the Carroll County Health Dept. and Carroll Hospital

PART 3:

Appointee: Sharon McClernan	Signature: Sharon L McClernan Date: 11/11/22

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

OFFICE OF THE GOVERNOR
REQUEST FOR APPOINTMENT CONSIDERATION
BIOGRAPHICAL INFORMATION FORM

Please state below, the board or commission or general subject area in which you have an interest:
BOARD OR COMMISSION NAME: _____

Application for:	☒ New Appointment	☐ Reappointment			
Name:	Sharon L. McClernan				
Date of Birth:	1/10/ 1965	☒ US Citizen	☒ Registered Voter	MD resident since _____	
Race: Caucasian	Gender: Female	(Ethnic/gender data is solely to assure diversity in representation)			
Home Address:	690 Johahn Drive				
City: Westminster	State: Maryland	Zip: 21158			
Resident County:	Carroll County				
MD Legislative District: 5	MD Congressional District: 8	Council or Commission District:			
Occupation:	Vice President, Population Health				
Employer:	LifeBridge Health				
Work Address:	200 Memorial Avenue				
City: Westminster	State: Maryland	Zip: 21157			
Phones: (Office):	410-871-6514	(Home):	410-871-6514		
(Cell):	410-259-9724	(Fax):	410-871-6320		
Email Address:	smcclernan@lifebridgehealth.org				
Sponsoring Organization (If Any):					

Have you ever been a party (plaintiff or petitioner/defendant or respondent) to any civil, criminal, juvenile or administrative proceeding?

☒ No	☐ Yes (Specify):

Do you hold a Maryland license to practice a profession or trade?	☒	Yes	☐	No
If yes, specify License type and #:	MD RN RO 91979			

Have you ever had a license to practice a profession or trade, whether held in Maryland or another state, revoked or suspended?

☒ No	☐ Yes (Specify):

Are you a member, officer or director of any organization?	☐	Yes	☐	No
Specify Organization or Activity:	Board Member Target Community Services C.C. Chamber of Commerce, Access Carroll, Partnership for a Heather Carroll County			
If so, are you engaged in any lobbying activities for that organization?				
	☐	Yes	☒	No

Are you a paid lobbyist for any organization?					
If so, please specify the organization		☐	Yes	☒	No
Do you hold, or have you held in the past, an elected or appointed office within Federal, State or local government, or a political party?		☐	Yes	☒	No
Specify Office:					
Specify Dates:					
Have you filed all Federal and State tax returns that are now due or overdue and are all payments thereupon up to date?					
☒ Yes	☐ No (Explain):				
Have Federal, State or local authorities ever instituted a lien or other collection procedures against you?					
☒ No	☐ Yes (Explain):				

List the names, business addresses, and business telephone numbers of at least 2 individuals who are familiar with your professional qualifications and who have known you for more than the last five years:

1. Leslie Simmons — 410-241-7481
   COO - Lifebridge Health
2. Dot Fox — 410-800-7624
   CEO, Partnership for a Healthier Carroll County.

Please briefly explain why you wish to serve on the Board/Commission/Council.

I have worked in numerous capacities in Carroll, Baltimore & Baltimore City. I have also actively worked with MHA and other programs to combat opioid abuse & associated disease. This work is one of my passions!

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.

ORGANIZATIONAL AFFILIATIONS:

I certify that, to the best of my knowledge and belief, all the information contained in and attached to this questionnaire is true, correct and complete. I understand and agree that I am required to notify the Office of the Governor in writing if any of the information contained in or attached to this questionnaire changes.

Signature of applicant: Sharon L. Mecker Date: 12/15/2024

Internal Use Only

CR: GS: TQ: E:

CANDIDATE QUESTIONNAIRE

(Use to determine whether or not you require a conflict of interest exemption)

As a candidate for service on a State board or similar entity, you must decide if you should request an exemption from the employment and/or financial interest conflict of interest provisions of Maryland's Public Ethics Law. This brief questionnaire is intended to assist you in making that determination. If you have a conflict, you cannot serve unless you submit a completed Appointee Exemption Disclosure Form ("the Form") to the Appointing Authority **prior to** being appointed.

If you answer "**YES**" to questions 4 **or** 5 (below), you should indicate in Part 2 of the Form that you do request an Exemption from the Financial Interest or Employment provisions (or both, if appropriate) of the Public Ethics Law, and complete Part 2 by providing the requested information for each circumstance for which an exemption is required.[1] After completing Part 3, submit the Form to the Appointing Authority. Please note: If you currently hold (non-contractual) State employment, the exemption is not available.

You are strongly encouraged to review the Ethics Commission's detailed memorandum explaining the application of the Law in this area.

YOUR NAME: Sharon L. McClernan

POTENTIAL BOARD ASSIGNMENT: Standing Advisory Committee on Opioid Associated Disease Prevention & Outreach Programs

(Note: Familiarize yourself with the duties/mission of the board then answer the following questions)

1. Are you presently employed? If yes, name of employer(s): LifeBridge Health

2. Do you have a financial interest in a business? This includes ownership of stock in a company and a spouse's financial interest in a business (if more than 3%). If yes, name of business (or businesses):
   NO

3. Do you serve as an officer, board member, trustee, etc. of a for-profit or not-for-profit entity? If yes, name of entity (or entities) and position held:
   Access Carroll –
   Chamber of Commerce -
   Target Board –
   The Partnership for a Healthier Carroll County -
   yes

4. If you identified an employer in #1, a business you own in #2, or an entity where you serve in a position described in #3, does your employer, business or other entity do any business with, or is it regulated by, the board (or the agency where the board resides including Maryland Department of Health)?
   YES -- NO

5. If you identified an employer in #1, a business you own in #2, or an entity in #3, but answered NO to #4, does the employer, business or entity identified in #1, 2, or 3 have any other type of relationship

[1]The Ethics Commission recommends listing your employment in Part 2 even if you answered NO to questions 4 and 5.

with, or engage in any way with, the board (or the agency in which the board resides)? For example, does your business employ individuals regulated by the board? **YES -- NO**

Questions about how the Exemption works?? Contact the State Ethics Commission (410-260-7770) Questions concerning the particulars of your board appointment, including the status, or the processing of your exemption request?? Contact the Appointing Authority.