

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Andrew Nicklas

Board/Commission Name: Emergency Department Wait Time Reduction Commission

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: Maryland Hospital Association
Address of Entity:	Your Position/Job Title: SVP, Government Affairs & Policy
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.

I serve as a senior executive at the Maryland Hospital Association. While the Association is not directly regulated by the Maryland Department of Health, our member hospitals are regulated and do business with the Department. While I do not believe there is any conflict and do not foresee any ethical issues, out of an abundance of caution, and in accordance with the written instructions, I am submitting this exemption form.

PART 3

Appointee	Signature: Andrew Nicklas	Date:
-----------	----------------------------------	-------

Digitally signed by Andrew Nicklas
DN: cn=Andrew Nicklas, gn=Andrew Nicklas,
c=US, United States, f=US, United States,
o=Maryland Hospital Association,
ou=Government Affairs & Policy,
e=anicklas@mhaonline.org
Reason: I am the author of this document
Date: 2024-07-23 17:05:04:00

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