APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: PABLO C. ARCELES MD/MPH FACOG	
BOARD/COMMISSION NAME:	MARYLAND 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 EMPLOYED BY UNIVERSITY of MARYLAND SCHOOL of MEDICINE. UM-BWMC
Address of Entity:	Your Position/Job Title: CHAIR-UNIVERSITY of MARYLAND & BWMC
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 DON'T BELIEW I HAVE A CONFLICT. FILLING OUT FOR THOROUGHNESS	
PART 3:	
Appointee:	Signature: [signature] Date: 12/19/2022

Email the completed form to Kimberly Link
Kimberly.Link@Maryland.gov
Form #5