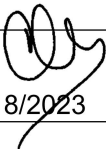


APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME:	
Andrew N. Pollak, MD	
BOARD/COMMISSION NAME:	Commission to Study Trauma Center Funding
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: University of Maryland Medical System	Employment to be Exempted: same
Address of Entity: 250 W Pratt St., Baltimore, MD 21201	Your Position/Job Title: SVP CCO
Interest to be Exempted: Employment with UMMS	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input checked="" type="checkbox"/> \$10,000 or More (\$10k 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 a full-time UMMS employee. At least two UMMS member organizations are potential recipients of funding that will be influenced by the recommendations of this commission.	
PART 3:	
Appointee: Andrew Pollak, MD	Signature: 
	Date: 09/18/2023

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