

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Elizabeth Jane Richardson	
BOARD/COMMISSION NAME:	PDMP Technical Advisory Committee
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: University of Maryland School of Medicine
Address of Entity:	Your Position/Job Title: Assistant professor
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	
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.	
Employed as a physician who at times prescribes controlled substances. This will not conflict with my service on the board as, by definition, committee members are practicing providers in the state of Maryland and so all are subject to the same oversight as all other providers in the state.	
PART 3:	
Appointee: E Jane Richardson, MD	Signature:  Date: 8/26/2025

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