APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Elizabeth Jane Richardson
Board/Commission Name: Prescription Drug Program Technical Advisory Committee

PART 2

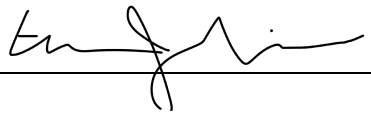
Please Check Item(s):	Exemption Requested: ☐ No (If no, check box and skip to Part 3, Signature) ☑ Yes (If yes, check box and complete rest of Part 2 and 3)
I request exemption for: ☐ Financial Interest ☑ Employment	

Financial Interest	**Employment**
Name of Entity where the financial interest exists:	Employment to be Exempted: University of Maryland School of Medicine
Address of Entity:	Your Position/Job Title: Assistant Professor
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 work for the University of Maryland School of Medicine which employs physicians and other providers with access to prescribe controlled substances and to view the PDMP.

PART 3

Appointee	Signature:  Date: 11/8/20

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