

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: Stacey Leigh Rubin, MD MPH

BOARD/COMMISSION
NAME:

Protected Health Care 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:

Address of Entity:

Your Position/Job Title:

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.

PART 3:

Appointee: Stacey Leigh Rubin

Signature: Stacey Leigh Rubin, MD

Date: 7/17/23

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