MARYLAND DEPARTMENT OF HEALTH

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APPOINTEE EXEMPTION DISCLOSURE FORM

Appointee Exemption -Prospective Board and Commission Member Public Ethics Law Questionnaire

Instructions - Appointee Exemption Disclosure Form I have read the Appointee Exemption Disclosure Form Instructions document: * ☐

Name:* marjorie shulbank

Board/Commission Name:* Advisory Council of Heredita~~ry~~ + Congenital Disorders

Exemption Requested:

- ◉ No (If no, check box and skip to Part 3, Signature)
- ○ Yes (If yes, Check the box)

Please attach a resume that includes information concerning your academic background, work experience and professional, political and civic organization affiliations.*: Choose File No file chosen

or send your resume through fax or mail.

Refer to the board name when fax or mail your resume.
Fax: 410-767-6489
Mailing Address:
201„W. Preston Street
5th floor DHMH Office
Baltimore, 20201, MD.

Appointee:* _____ Date: 02/06/0003

Submission of this electronic form constitutes your signature to the form, with all the legal effect of any other signature by you. By electronically signing this form, you are attesting to the accuracy of the information contained therein and that submission is authorized by you in your official capacity.

Submit