APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:	
NAME: Thiruvanamalai Sivakumar	
BOARD/COMMISSION NAME:	Maryland Collaborative to Improve Children's Oral health Through School-Based Programs (MSDA)
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 NONE	**Employment OWNER FREDERICK PEADEATRIC DENTAL ASSOCIATES**
Name of Entity where the financial interest exists: NONE	Employment to be Exempted: YES
Address of Entity: 52 Thomas Johnson Drive Frederick, Maryland 21702	Your Position/Job Title: PRESIDENT
Interest to be Exempted:	NONE
Current Value: □ Under $1,000 □ $1,000-$5,000 □ $5,000-$10,000 □ $10,000 or More	□ $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 don't believe there are financial interests or employment situation, in serving this position.

PART 3:

Appointee:	Signature:	Date:
Dr. T.P Sivakumar	SIVAKUMAR	July 25 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