

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Rachel Talley
Board/Commission Name: Institutional Review Board

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 checked="" type="checkbox"/> Financial Interest <input type="checkbox"/> Employment	
Financial Interest	Employment
Name of Entity where the financial interest exists: National Council for Mental Wellbeing	Employment to be Exempted:
Address of Entity: 400 K St NW #810, Washington, DC 20005	Your Position/Job Title:
Interest to be Exempted: Unpaid member of committee; previously paid consultant.	
Current Value: <input checked="" 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.

The National Council for Mental Wellbeing is a current MDH vendor. I am currently a member of the National Council for Mental Wellbeing Medical Director Institute; this is an unpaid position through which I provide subject matter expertise, and MDH does not have a financial relationship with the Medical Director Institute to my knowledge. Prior to my MDH employment I provided paid consulting services to the National Council for Mental Wellbeing. I have not provided such

PART 3

Appointee	Signature: 	Date: 10/17/24
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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