

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1

Name: Tiffany M. Wiggins, MD, MPH
Board/Commission Name: Maryland Commission on Health Equity

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 type="checkbox"/> Financial Interest <input checked="" type="checkbox"/> Employment	
Financial Interest	Employment
Name of Entity where the financial interest exists:	Employment to be Exempted: University of Maryland Medical System
Address of Entity:	Your Position/Job Title: VP, Chief Health Equity Officer
Interest to be Exempted:	
Current Value: <input 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	
<p>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.</p> <p>I am an executive for a health system that has an existing professional relationship with the Maryland Department of Health as well as the HSCRC. It's unclear if such a position requires an exemption but I am underscoring for awareness.</p>	

PART 3

Appointee	Signature:	Date: 8/14/24
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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