

# California Breast and Cervical Cancer Advisory Council Application for Appointment

## APPLICANT INFORMATION

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Applicant’s Name:

Residence Address:

Residence Telephone Number:

I have attached a copy of my curriculum vitae (resume).

I am seeking to represent the following sector on the Breast and Cervical Cancer Advisory Council:

*(Please check all sectors that may apply to you)*

- |  |  |   |
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| <input type="checkbox"/> Survivor/Advocate | <input type="checkbox"/> Researcher                            | <input type="checkbox"/> Health Professional (non-profit) |
| <input type="checkbox"/> Non-Profit Sector | <input type="checkbox"/> Health Professional (private)         | <input type="checkbox"/> Legislative                      |
| <input type="checkbox"/> Private Sector    | <input type="checkbox"/> Breast Cancer Research Program (BCRP) |   |

## PROFESSIONAL INFORMATION

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1. Job Title:
2. Name of Business/Employer:
3. Business Address:
4. Business Telephone Number: FAX Number:
5. Business E-mail Address:
6. Nature/Type of Business:

## COMMUNITY INFORMATION

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1. Please attach a list of all commissions, boards, councils, or committees upon which you currently serve.
2. Please identify any special areas of expertise and/or interests that you would bring to the Council regarding breast and cervical cancer and services to medically underserved women. Also, please provide a brief statement as to why you feel you would be an asset to the Council (attach extra sheets if desired).

**POTENTIAL CONFLICT OF INTEREST INFORMATION**

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1. Do you or your employer provide services to patients of *Cancer Detection Programs: Every Woman Counts (CDP: EWC)* or have any plans to provide services in the future?  Yes  No If yes, please describe.
  
2. As a Council member, you will be advising the Director of the California Department of Public Health (CDPH), the Secretary of Health and Human Services and CDPH program officials on matters concerning *CDP: EWC* which provides lifesaving breast and cervical cancer screening and diagnostic services to medically underserved, low-income California women, within the targeted age group. The program currently contracts with several Regional Contractors (RCs) throughout the state. A list of current RCs is attached.
  
3. Do you or any member of your immediate family have any affiliation with these entities (i.e., task force; employment; contract.)?  Yes  No If yes, identify below the name of the RC and the nature of the affiliation. (*Immediate family members are wife, husband, son, daughter, mother, father, brother, brother-in-law, sister-in-law, father-in-law, mother-in-law, aunt, uncle, niece, nephew, stepparent or stepchild.*)

If your nomination is approved, you will be required to file a limited conflict of interest form prior to assumption of Council membership.

**REFERENCES**

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Please attach three letters of recommendation (professional references) supporting your appointment to the Advisory Council.

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*Thank you for your interest. Please return the questionnaire and your resume to:*

ATTN: Section Chief  
California Department of Public Health  
Cancer Detection Section  
MS 7203  
P.O. Box 997377  
Sacramento, CA 95899-7377  
Telephone: (916) 449-5300 Fax: (916) 449-5310

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## **PRIVACY STATEMENT (CA Civil Code Section 1798.17)**

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The information collected on this application is used to determine your membership eligibility for the California Breast and Cervical Cancer Advisory Council. This information will be kept confidential and on file at the California Department of Public Health, Cancer Detection Section. All information requested on the application is voluntary with the exception of the group representation information requested under “Applicant Information”, (i.e. survivor/advocate, non-profit sector, etc.) This information is required by the California Department of Public Health, Cancer Detection Section by the authority of California Revenue and Taxation Code, Section 30461.6(c). The consequences of not supplying the mandatory information requested could result in denial of your appointment as a member of the California Breast and Cervical Cancer Advisory Council. The consequence of not supplying the voluntary information requested is possible delay in the application process until other documentation is used to verify the information supplied. Any information provided may be disclosed to the California State Auditor, the California Fair Political Practices Commission, or to other state agencies as required by law. You have the right to review the information during normal business hours by calling (916) 449-5300. *CDP: EWC* will, upon request, inform you regarding the location of your records and the categories of any persons who use the information in those records. For more information, contact: *CDP: EWC*, California Department of Public Health, 1616 Capitol Ave., Suite 74.421, PO Box 997377, MS 7203, Sacramento, CA 95899-7377, phone (916) 449-5300, e-mail [cancerdetection@cdph.ca.gov](mailto:cancerdetection@cdph.ca.gov) .