HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM
HAI ADVISORY COMMITTEE
APPLICATION FOR APPOINTMENT

APPLICANT INFORMATION

(Please print clearly)

1. Name:_____
First *Middle* *Last*

2. I am seeking to represent the following sector(s) on the Healthcare Associated Infections Advisory Committee *(please identify ONE that best describes you):*

- ☐ Local Health Department Official
- ☐ Hospital Administration Professional
- ☐ Health Care Provider
- ☐ Healthcare Consumer
- ☐ Physicians with expertise in infectious disease and hospital epidemiology
- ☐ Healthcare infection control professional/epidemiologist
- ☐ Integrated health care systems expert or representative

☐ I have attached a copy of my resume or curriculum vitae *(please skip to question 7)*

3. Education:_____

_____

_____

4. Professional License, Registration or Certification, if applicable:_____

_____

5. Relevant Experience (paid employment or volunteer):_____

_____

_____

_____

6. Please list any current or former membership or board position(s) you have held with other organizations:_____

_____

_____

_____

7. Why do you wish to serve in this capacity? *(Attach extra sheets if desired)*_____

_____

_____

_____

_____

8. Personal experiences that you believe may enhance your level of contribution to the Advisory Committee: _____

_____

_____

_____

_____

_____

Contact Information

9. Address:

_____

Street or P.O. Box | Apartment # | City | State | Zip

_____ _____ _____

Home Phone Number | Home Fax Number | Home E-mail

I ATTEST THAT ALL INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT.

_____

Applicant Signature (not required if returned by e-mail) Date

PLEASE RETURN THIS COMPLETED APPLICATION TO:

Jorge Palacios
Healthcare-Associated Infections (HAI) Program
Center for Healthcare Quality
California Department of Public Health
850 Marina Bay Parkway, Bldg. E
Richmond, CA 94804-6403

Applications may also be submitted via fax (510) 620-3989 or email: jorge.palacios@cdph.ca.gov

PRIVACY STATEMENT
(Code 179817)

The information collected on this form is used to process your request for appointment to the California Department of Public Health Healthcare Associated Infections Program Advisory Committee. The information we collect from you on this form will be kept confidential and on file at the Department, as required by law. All information requested on the form is mandatory pursuant to California Health and Safety Code Section 1288.5, subdivision (b). Not supplying the information requested will result in the denial of your request. Any information provided may be disclosed to other State and federal agencies as required or allowed by law. You have the right to review the records we keep about you during normal business hours. The California Department of Public Health Privacy Officer 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 the California Department of Public Health Privacy Office, using the following contact information: California Department of Public Health, Office of Legal Services, Privacy Office, MS 0506, P.O. Box 997377, Sacramento, California 95899-7377 or by phone 1-877-421-9634.