

Statement of Interest to Serve on the Medi-Cal Children's Health Advisory Panel

1. Name

2. Position of Interest

3. Contact Information:

Phone Number

Email Address

4. Organization/Affiliation

5. Sponsoring Organization (Optional)*

6. Please provide a brief statement indicating why you are interested in participating on the Panel.

7. Attach Resume

*Optional Entry: If applicable, please provide the name of the entity nominating you to serve on the MCHAP.