

**California Breast and Cervical Cancer
Advisory Council
Application for Appointment**

APPLICANT INFORMATION

Applicant's Name: _____

Residence Address: _____

Residence Telephone Number: _____

I have attached a copy of my Curriculum Vitae (resume).

I am able to represent the following sector on the Breast and Cervical Cancer Advisory Council (BCCAC):

(Please check all sectors that may apply to you)

- | | | |
|--|--|---|
| <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

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

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

1. Do you or your employer provide services to patients of Every Woman Counts (EWC) Program or have any plans to provide services in the future? Yes No If yes, please describe below.

2. As a Council member, you will be advising the Director of the Department of Health Care Services (DHCS), the Secretary of Health and Human Services and DHCS program officials on matters concerning 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.

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, please 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 accepting Council membership.

REFERENCES

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

Thank you for your interest. Please return the application and your resume:

ATTN: Chief
 Department of Health Care Services
 Every Woman Counts Program
 MS 4601 P.O. Box 997417
 Sacramento, CA 95899-7417
 Telephone: (916) 449-5310 Fax: (916) 449-5310

Date: _____ Signature: _____

PRIVACY STATEMENT (CA Civil Code Section 1798.17)

The information collected on this application will be used in determining your membership eligibility for the California Breast and Cervical Cancer Advisory Council. This information will be kept confidential and on file at the Department of Health Care Services, Benefits Division. 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.) the information is required by the Department of Health Care Services, by the authority of California Revenue and Taxation Code, Section 30461.6(h). 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 may delay in the application process, until other supporting documentation is available to verify the information provided. Any information provided can be disclosed to the California Bureau of State Audits, the California Fair Political Practices Commission, and/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. Upon request, EWC will inform you regarding the location of your records and the categories of any persons who use the information in those records. For more information, please contact: Department of Health Care Services, Every Woman Counts Program, MS 4601, P.O. Box 997417 Sacramento, CA, 95899-7417; phone (916) 449-5300, CancerDetection@dhcs.ca.gov