STATE OF MICHIGAN

GRETCHEN WHITMER,
Governor

Michigan Certificate of Need Commission

SOUTH GRAND BUILDING, 5TH FLOOR
333 SOUTH GRAND AVENUE
LANSING, MI 48933
Phone: (517) 335-6708

NURSING HOME - HOSPITAL LONG TERM CARE UNIT
Standard Advisory Committee Nomination Form

Nominee Name:	
Name of Organization(s) Nominee is Representing:	

Select all applicable member capacities below pursuant to MCL 333.22215(1)(*l*):

- ☐ *Representative of an organization concerned with health care consumers*
- ☐ *Experts with Professional Competence in the subject matter of the proposed standard*
- ☐ *Representatives of health care provider organizations concerned with licensed health facilities or licensed health professions*
- ☐ *Representative of a purchaser of health care services*
- ☐ *Representative of a payer of health care services*

Has the nominee served on two Michigan Certificate of Need Standard Advisory Committees within any two-year period? Yes ☐ No ☐

Is the nominee a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431? Yes ☐ No ☐

Is the nominee affiliated with any organization that has a Letter of Intent in the Michigan Certificate of Need process related to the standards being reviewed? Yes ☐ No ☐

If yes, please provide the date of the Letter of Intent:

Is the nominee affiliated with any organization that has a pending application in the Michigan Certificate of Need process related to the standards being reviewed? Yes ☐ No ☐

If yes, please provide the CON application number(s):

Name of nominee's current employer:					
Current position title:					
Business address line 1					
Business address line 2					
City		State		Zip	
Business Phone		Cell Phone			
Preferred Email					

Instructions & Information:

Submit this form by sending it as an email attachment to MDHHS-CONWebTeam@michigan.gov. Please also include the following two attachments:

1. A letter of designation from the represented organization must be included. The letter must authorize you to represent the organization in the capacity selected above.

2. A brief resume or summary of relevant experience and expertise in the subject matter of the SAC must be attached. If applying as an expert, professional competence must be demonstrated by relevant professional activity over a majority of the last five years.

   NOTE: Please do not combine the attachments and the nomination form into one .pdf file.

Tentative meeting dates for the SAC meetings are: 12/19/19, 1/16/20, 2/20/20, 3/26/20, 4/23/20, 5/21/20, and 6/11/20 from 9:30 a.m. to noon. Please verify that you will be able to attend on these dates prior to submitting this nomination form. SAC members may be able to participate via a conference call provided that a physical quorum is present at all meetings.

All requested information, including attaching a file containing a summary/resume and the letter from the represented organization, must be completed for this submission to be valid.

If you have any questions or your contact information changes in the future, please contact the CON Policy Section at 517-335-6708.

Declaration & Certification of Submission:

Michigan law states under Public Act 619 of 2002 (as an act to amend 1978 PA 368), Section 22215 (1)

(I) that the "composition of a standard advisory committee shall not include a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431." With submission of this form, I, the nominee, certify the following:

- That I am requesting appointment to the SAC of the Certificate of Need Commission
- That I am authorized to represent the organization identified in the capacity selected.
- That I am currently employed as listed above.
- That I make this disclosure in that official capacity.
- That I have reviewed the tentative meeting dates and can attend.
- That I am not a registered lobbyist in the State of Michigan as defined under 1978 P.A. 472, MCL 4.411 to 4.431.
- That I have not served on two (2) SACs in any two-year period.

I, the nominee, declare that all information and statements are true to the best of my knowledge and belief.

Reset Form