



GRETCHEN WHITMER,
Governor

Michigan Certificate of Need Commission

SOUTH GRAND BUILDING, 5TH FLOOR
333 SOUTH GRAND AVENUE
LANSING, MI 48933
Phone: (517) 420-1273

Commissioners:

Amy Milewski, M.D. - Chairperson
Debra Guido-Allen, R.N - Vice-Chairperson
Eric Ferguson, M.D.
Amy Engelhardt-Kalbfleisch, D.O.
Tatiana Grant
Karen Cheeseman
Robert Gibson
Mark DeLano, MD
Patricia Anderson
Joseph Egan

Cardiac Catheterization (CC) Services 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):			
<input type="checkbox"/>	<i>(i) Experts with Professional Competence in the subject matter of the proposed standard.</i>		
<input type="checkbox"/>	<i>(ii) Representatives of health care provider organizations concerned with licensed health facilities or licensed health professions.</i>		
<input type="checkbox"/>	<i>(iii) Representative of organizations concerned with health care consumers and the purchasers and payers of health care services.</i>		
Has the nominee served on two Michigan Certificate of Need Standard Advisory Committees within any two-year period? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the nominee a lobbyist registered under 1978 PA 472, MCL 4.411 to 4.431? Yes <input type="checkbox"/> No <input type="checkbox"/>			

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.

Please verify that you will be able to attend the meeting dates listed on the [nomination notice](#) prior to submitting this nomination form.

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 MDHHS-ConWebTeam@michigan.gov.

Declaration & Certification of Submission:

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

(l) 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.

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