

**APPLICATION FOR CANDIDATES
FOR GREEN MOUNTAIN CARE BOARD**

Date of Application:

GENERAL

1. Name:
2. Mailing Address:

Business Address:
3. Town of Residence:
4. Telephone Nos. Home: Business: Cell:
5. Email Address:

Preferred method of contact (email or phone):

DIRECTIONS: *The following questions may be answered by typing in the space below each question, or by attaching a separate document containing your answers to each question. If attaching a separate document containing your answers, please label each answer with the corresponding application question number (ex., "Question 8") so the Committee can easily identify which question you are answering. Please note that the Affidavit and Waiver at the conclusion of this application questionnaire must be signed and included when you submit your application.*

EMPLOYMENT AND EXPERIENCE

6. Please attach a current resume or curriculum vitae to your application and explain any gap in employment lasting longer than six months.
7. Please describe your experience with health care. Areas of experience may include: health care policy, health care financing, health care delivery, health information technology, or health care quality measurement.

8. Please describe any regulatory experience, whether as a regulator or as a regulated entity.
9. Please describe your executive or management experience, including the supervision of personnel.
10. Please describe your experience working in a collaborative manner as part of a work group or management team.
11. Please describe your experience in financial management, including the development and monitoring of budgets.

PROFESSIONAL, CIVIC AND PUBLIC SERVICE

12. If you have served as an appointed or elected official in any local, county, state, or federal government position, or if you have experience as a member of any administrative, legislative, or regulatory boards, commissions, or study committees, please list them, giving names and dates served, please provide details, dates and describe the nature of your service.

13. If you have experience as a member of any private, corporate or non-profit boards, please list them, giving names and dates served, and describe the nature of your service.

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

14. If you are now an officer, director, or otherwise engaged in the management of any for-profit or not-for-profit organization, state the name of such organization and describe the nature of the business and your duties.
15. Do you have any plans, commitments, or agreements to pursue outside employment or engagements, with or without compensation, during your service on the Board? If so, please explain.
16. Do you or any family member have any personal or business relationship(s) which might present conflicts of interest in the position you are seeking? If so, please explain.

MISCELLANEOUS

17. Have you or your professional liability insurance carrier ever settled a claim against you for professional malpractice? If so, please give particulars, including the amounts paid, if permitted by settlement.

18. Have you ever been disciplined for a breach of ethics or unprofessional conduct? If so, please provide details.
19. Were all your taxes (federal, state, and local) current (*i.e.*, filed and paid) as of the date of this application?
20. Has a tax lien or other collection procedure (including receipt of balance due notices) been instituted against you by any federal, state, or local tax authority in the last seven years? If so, please explain and describe the outcome.
21. Have you been the subject of an audit, investigation, or inquiry for federal, state or local taxes in the last seven years? If so, give full details.
22. List the names, addresses and phone numbers of at least three, but no more than six, persons who are in a position to comment on your qualifications for a position on the Green Mountain Care Board, and of whom inquiry may be made by the Green Mountain Care Nominating Board. Please describe how each reference knows you and whether you have notified them of your application for this position.

23. Why do you want to be appointed to the Green Mountain Care Board and how do you feel you can contribute to the Board?
24. How would you propose to ensure that the Green Mountain Care Board establishes public confidence and is both transparent and accountable?
25. With respect to the principles identified as the foundation for 18 V.S.A. Chapter 220 (Act 48), in 600 words or less, reflect on the principle most compelling to you.

AFFIDAVIT

_____, being first duly sworn, deposes and says that all of the information I have provided in this Application is true.

Signature of Candidate

WAIVER

I hereby waive my right to privacy as it relates to the Green Mountain Care Board Nominating Committee of any relevant information, including the right of the Committee to freely communicate with any person about me, unless otherwise indicated in writing, with the understanding that any information will be held in confidence by the Committee. I hereby authorize the custodian of any records or information to permit the examination or receipt of such information, whether written or oral, by the Green Mountain Care Board Nominating Committee. I also understand and agree that if I am determined to be qualified by the Committee, this application shall be forwarded to the Governor's office.

Dated: _____

Signature of Candidate