

**APPLICATION FOR CANDIDATES
FOR GREEN MOUNTAIN CARE BOARD**
(Please type responses if possible)

Date of Application: _____

Position Applied for: Member ____ Chair ____ Both ____

GENERAL

1. Name: _____
2. Mailing Address: _____
Business Address: _____
3. Social Security No.: _____
Date of Birth: _____
4. Town of Residence: _____
5. Telephone Nos. Home: _____ Business: _____ Cell: _____
6. Length of residence in State of Vermont: _____

EDUCATION

7. Secondary schools, colleges and other schools attended: _____

Dates of attendance: _____
Degree ~~of~~ or Credits received: _____
8. Academic honors, if any: _____
9. If you have a medical or other advanced degree, please provide information concerning your areas of practice and specific areas of expertise:

EMPLOYMENT AND EXPERIENCE

10. Please state the names, addresses, dates and positions held for any full time employment since college graduation. Please attach a current resume or Curriculum Vitae to your application.

11. Describe the general nature of your current employment. If your current employment is substantially different than your previous employment, please give details of your prior employment as well.

12. Please describe ~~you~~your experience in each of the following areas:

a. Health care policy and economics:

b. Health care financing:

c.Health information technology:

d.Health care quality measurement and health care data sets:

e. Existing health care regulation, including knowledge of the role and functions of the Department of Banking, Insurance, Securities and Health Care Administration (BISHCA):

f. Executive or management experience, including the supervision of personnel:

g.Experience working in a collaborative manner as part of a work group or management team:

h.Financial management, including the development and monitoring of budgets:

i. Any other related expertise you think relevant:

PROFESSIONAL, CIVIC AND PUBLIC SERVICE

13. If you have served as an appointed or elected official in any local, county, state, or federal government position, please provide details and dates.

14. If you have experience as a member of any administrative, legislative, judicial, or regulatory boards, commissions, or study committees, please list them, giving names and dates served, and describe the nature of your service.

15. 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.

16. Please list all professional societies of which you are a member, give the titles and dates and dates of any office which you may have held in such groups, and identify committees in which you were active.

17. List any honors, prizes or awards you have received, including the name of the award, the organization granting it, and the date of the award.

18. Please list all other non-profit, community, service, or such other organizations, of which you have been a member during the past ten years, including the titles and dates of any offices which you have held in each such organization.

ACADEMIC EXPERIENCE

19. State whether you have any teaching experience, and if so, describe that experience.

20. ~~States~~ State whether you have conducted any presentations or seminars related to health care, and if so, describe the presentation, including any group sponsoring the presentation or seminar.

21. Identify any books or articles s you have published related to health care, giving titles, citations, and dates.

BUSINESS INVOLVEMENT

22. If you are now an officer, director, or otherwise engaged in the management of any business enterprise, state the name of such enterprise and describe the nature of the business and your duties.

CONFLICTS

23. 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.

24. Do you have any significant personal relationship(s) which in your view might present conflicts of interest in the position you are seeking? If so, please explain.

25. Explain how you will resolve any potential conflict of interest, including the procedure you will follow in determining these areas of concern.

FINANCIAL

26. List sources and amounts of all income received by you during the calendar year preceding your application and for the current calendar year, including all salaries, fees, dividends, interest, gifts, rents, royalties, patents, honoraria, and other items exceeding \$500.00 in value. You need not identify each individual client who may have paid you a fee.

27. List sources, amount and dates of all anticipated receipts from deferred income arrangements, stock options, uncompleted contracts and other future benefits which you expect to derive from legal or previous business relationships, professional services, firm membership, former employers, clients or customers. Please describe the arrangements you have made to be compensated in the future for any financial, legal, or business interest if you are appointed to the Board. Include all equity held in managed accounts.

MISCELLANEOUS

28. Have you ever been arrested, charged, or convicted by federal, state or other law enforcement authorities for a violation of any federal law, state law, or county or municipal law, regulation or ordinance? If so, please give details. Do not include traffic violations for which a fine of \$80.00 or less was imposed, unless it also included a jail sentence.

29. Have you ever been sued? If so, please provide details about the case and its disposition.

30. 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.

31. Have you ever been disciplined for a breach of ethics or unprofessional conduct? If so, please provide details.

32. Were all your taxes (federal, state and local) current (*i.e.*, filed and paid) as of the date of this application?

33. Has a tax lien or other collection procedure (including receipt of balance due notices) ever been instituted against you by any federal, state, or local tax authority? If so, please explain and describe the outcome.

34. Have you ever been the subject of an audit, investigation, or inquiry for federal, state or local taxes? If so, give full details.

35. Have you ever declared bankruptcy? If so, give details.

36. 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.

37. Why do you want to be appointed to the Green Mountain Care Board and how do you feel you can contribute to the Board?

[illegible]

38. How would you propose to ensure that the Green Mountain Care Board is both transparent and accountable?

[illegible]

39. With respect to the principles identified as the foundation for Act No. ____, reflect on the principle most compelling to you.

[illegible]

AFFIDAVIT

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

Signature of Candidate

STATE OF VERMONT

COUNTY OF _____

The foregoing Application was acknowledged before me this _____ day of _____, 2011, at _____, Vermont by _____ who is personally known to me, who acknowledged his/her signature before me.

Notary Public

My Commission Expires:

WAIVER

I hereby waive my right to privacy as it relates to the Green Mountain Nominating Board of any information I have provided herein, including the right of the Board to freely communicate with any names listed on my reference sheet, unless otherwise indicated, with the understanding that any information will be held in confidence by the Board. 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 Nominating Board. I also understand and agree that if I am determined to be qualified by the Board, this application shall be forwarded to the Governor's office.

Dated: _____

Signature of Candidate

STATE OF VERMONT

COUNTY OF _____

The foregoing Waiver was acknowledged before me with _____ day of _____, 2011, at _____, Vermont by _____ who is personally known to me, who acknowledged his/her signature before me.

Notary Public

My Commission Expires: