



Dietetics Advisory Council Application

Applicant: Please complete the application and attach a resume or CV. Send the completed application packet to **Donald.Davis@med.ohio.gov** by **February 11, 2020** for consideration for appointment by the State Medical Board of Ohio to the **consumer member seat** on the Dietetics Advisory Council.

Full Name: _____
Last First Middle Suffix (Jr., II)

Residential Address: _____
Number Street

City State ZIP Code

County of Residence: _____ Length of Ohio Residency: _____

Phone Numbers: _____
Mobile Home Business

Email Address: _____

Current Business/Employer: _____

Business Address: _____
Number Street

City State ZIP Code

Please describe any relevant experience, including public service or community service, that would qualify you to serve as the consumer member of the Dietetics Advisory Council?

Please describe personal qualities that you possess that uniquely qualify you to provide a valuable contribution to the Dietetics Advisory Council to the State Medical Board of Ohio?

Applicant's Signature

Date