



## Physician Assistant Policy Committee Application

Applicant: Please complete the application and attach a resume or CV. Send the completed application packet to **Sallie.Debolt@med.ohio.gov** by **June 21, 2019** for consideration for appointment by the State Medical Board of Ohio to the **consumer member seat** on the Physician Assistant Policy Committee.

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 Physician Assistant Policy Committee.

Please describe personal qualities that you possess that uniquely qualify you to provide a valuable contribution to the Physician Assistant Policy Committee to the State Medical Board of Ohio?

---

Applicant's Signature

---

Date