Application for

Health Technology Clinical Committee (HTCC)

Return completed application and resume to:

Health Care Authority, Health Technology Assessment

P.O. Box 42712, Olympia, WA 98504-2712

Or electronically to: [**shtap@hca.wa.gov**](mailto:shtap@hca.wa.gov)

For questions or an alternative format, call 360-725-5126

1. Contact Information

Applicant name:

Address:

Contact phone number:

Contact email address:

Best method and time:

Active practitioner

If nominated, nominating person or entity name and contact number:

1. Summary Information

Education (list degree(s)):

Health care practitioner licenses:

Professional affiliations:

Board certifications, formal training, or other designations:

Current position (title and employer):

Current practice type and years in practice:

Total years being an active practitioner:

Practice location (City/State):

Describe any experience treating women, children, elderly persons, or people with diverse ethnic and racial backgrounds:

If different from current position, may list up to three previous positions and years held:

1. Personal Information

**Gender**

Male Female

**Race or Ethnicity**

Black/African American White/Caucasian Latino(a), Hispanic, Spanish

Asian or Pacific Islander American  American Indian or Alaska Native

Other:

**Military Service**

Have you ever been on active duty in US Armed Forces? Yes No

If Yes, List Branch and Date and Type of Discharge:

**Disability**

Do you have a permanent physical, sensory, or mental condition that limits your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, and learning?  Yes  No

If Yes, please explain:

Personal information is optional. However, HCA is striving for a diverse Committee and values your input.

1. References

Please provide three professional references (name, title, relationship, contact phone):

4. Ability to Serve
5. Are you able to come participate in meetings, usually during the day, estimated to occur four times per year?  Yes  No
6. Are you willing to commit to the responsibilities of a committee member, including to come prepared, actively participate, and make decisions based on evidence and for the public interest (noted more fully in regulation and the bylaws)?  Yes  No
7. Could you or any relative be affected financially by decisions made by the committee?

Yes  No

1. Please provide a brief explanation of why you would like to serve on the Committee and what contributions you could make, (if nominated, nominating person may provide explanation).