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**

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):

1.
2.
3.
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).