

2020-2030 Oral Health Plan Advisory Group Nomination Form

Please complete this nomination form for yourself or a colleague. Upon completion, please send the nominee's resume and/or curriculum vitae (CV) to Dr. Jonise McDaniel, Pennsylvania Department of Health Oral Health Program Public Health Dental Director, at c-jmcdanie@pa.gov.

* Required

1. Name *
2. Phone Number *
3. Residential Address *
4. Email Address *

5. The following list encompasses the voices that are needed on the Advisory Group. Please select the option(s) that align with your work: **Select all that apply*

Check all that apply.

- Government & Policymakers (State government and legislature, state departments and agencies)
- Community Organizations (Any group that values improving the quality of life for its community through bettering health outcomes)
- Education Sector (Primary and secondary schools, higher learning institutions, educators (pre-K through graduate school, medical/dental professions))
- Insurance Companies/Managed Care Organizations (Insurance and health plans who provide services to PA residents)
- Associations/Coalitions (Groups of like-minded individuals and organizations who have similar missions to improve health)
- Health Providers (Members of the medical and dental communities, including hospitals, safety net programs, and individual providers)
- Funders (Community foundations, corporate sponsors, federal grant-making entities, etc.)
- Community Support Systems (Including home visitors, community health workers, etc.)
- Individuals (Self-advocates, affected individuals and families with a stake in PA, etc.)

6. Of the options selected above, please select the one (1) option that aligns most with your work: **Check all that apply.*

- Government & Policymakers (State government and legislature, state departments and agencies)
- Community Organizations (Any group that values improving the quality of life for its community through bettering health outcomes)
- Education Sector (Primary and secondary schools, higher learning institutions, educators (pre-K through graduate school, medical/dental professions))
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7. (Optional) Please choose the age range in which you fall:

Mark only one.

18-34

35-49

50-64

65+

8. (Optional) Please choose the gender you identify as:

Mark only one.

Male

Female

Prefer not to say

Other: _____

9. (Optional) Please choose the race you identify as:

African American/Black

Asian/Pacific Islander

Caucasian/White

Native American/Indian

Prefer not to say

Other: _____

10. (Optional) Please choose the ethnicity you identify as:

Hispanic/Latino

Non-Hispanic/Latino

Other: _____

11. Please choose your geographic region in Pennsylvania (residential): *



Mark only one.

Southeast

Southcentral

Northcentral

Northeast

Southwest

Northwest

12. If you work in a different region than you live, please indicate which region (Indicate "state" if your work is statewide): _____

13. Please list your current employer/organization, job title, and any professional or personal affiliations, including the names of the organizations and your role(s). *

14. Why are you interested in serving on the Advisory Group, and what unique qualities or experiences do you bring that would contribute to its success? *