

**HUMAN RIGHTS COMMITTEE
NOMINATION FORM**

Thank you for your interest in becoming a Human Rights Committee member. If you have any questions about human rights committees or the appointment process for members, please call Yisel Sanchez at 602-364-4577 or 1-844-424-0963

Date Form Completed _____

Region to be considered for:

- Maricopa County
- Southern Arizona County
- Northern Arizona
- Arizona State Hospital

Role or area of expertise:

- Consumer of behavioral health services*
- Parent of child receiving services*
- Family member of a consumer *
- Education
- Special Education
- Law
- Social Work
- Medicine
- Psychology
- Behavioral Health

Nominee Information:

Full Name: _____

Address: _____

Phone: _____

E-mail: _____

Please include any information regarding experience, degree, and/or other qualifications you have that are related to the role/area of expertise you have noted on this nomination form. (or attach resume or curricula vitae): _____

** The Human Rights Committees are public bodies, subject to open meeting law requirements and public records requests. As such, requests for the identification of Committee Membership and each individual's role or area of expertise may be disclosed to members of the public requesting such information. By submitting this request for nomination, you are indicating that you are aware of the potential of this disclosure and agreeing to the disclosure of such information.*

Conflict of Interest

For the purpose of the Human Rights Committee, a conflict of interest is defined as having a personal, professional or financial relationship or interest making it difficult to fulfill the duties of the committee impartially.

_____ I do not have a conflict of interest.

_____ I have a potential conflict of interest due to:

Identifying a potential conflict of interest does not necessarily preclude you from being a committee member.

Signature of Applicant: _____

Date: _____

Please submit this completed nomination form to:
Yisel Sanchez, Human Rights Committee Coordinator
AHCCCS/Division of Health Care Advocacy and Advancement
701 E. Jefferson St.
Phoenix, Arizona 85037
or email Yisel.Sanchez@azahcccs.gov