

**COLORADO DEPARTMENT OF PUBLIC
HEALTH AND ENVIRONMENT
MINORITY HEALTH ADVISORY
COMMISSION (MHAC)**

COMMISSIONER NOMINATION FORM 2010

NOMINEE:

Name: _____ Title: _____

Organization: _____

Program: _____ Phone: _____

E-Mail: _____

Street Address: _____

City/State/Zip: _____

Congressional District: _____

Main Area (s) of Expertise: _____

NOMINATED BY (*Note: If you would like to self-nominate, please fill out an application form only.*)

Name: _____ Title: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

NARRATIVE SECTION:

1. Use the following space to describe the basis of your nomination, including how the nominee possesses the desired “Characteristics of a Minority Health Advisory Commission Member” (please see page 3).

Preferred Characteristics of a Minority Health Advisory Commission Member

- Availability and a commitment to health disparity issues affecting communities of color statewide
- Familiarity with health disparities topics, or the time and the willingness to learn about health disparities issues
- Prior experience with boards or committees (e.g. prior membership on a state, county, or non-profit board, advisory or steering committee, work group, task force, or public office)
- Prior experience in grassroots efforts or community organizing
- Significant contact with minority networks, social agencies, or community-based organizations
- Experience or knowledge of policy, legislation or social change
- Prior cross-cultural experience working with minority/cultural groups in Colorado

Responsibilities of Minority Health Advisory Commission (MHAC) Members

1. Attend MHAC meetings throughout Colorado.
2. Actively participate.
3. Represent MHAC and communicate with your community/constituency regarding MHAC activities.
4. Represent the views of your community/constituency at MHAC meetings.
5. Adhere to the bylaws of the Minority Health Advisory Commission.

SUBMISSION GUIDELINES

E-mail:

1. Complete the Nomination Form.
2. Please contact your nominee and make him or her aware of the nomination and obtain a copy of his or her resume or curriculum vitae to submit with the Nomination Form
3. E-mail the completed nomination form with "MHAC Nomination" in the subject line to rachel.carmen@state.co.us

Fax or Mail:

1. Complete the Nomination Form
2. Please contact your nominee and make him or her aware of the nomination and obtain a copy of his or her resume or curriculum vitae to submit with the Nomination Form
3. Fax or mail the form and resume:
Attention: Rachel Carmen
Fax: 303-691-7746

Mailing Address:

Office of Health Disparities
Attention: Rachel Carmen
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South, C1
Denver, CO 80246-1530

If you have questions or would like to obtain an application form, please contact Rachel Carmen at (303) 692-2087 or e-mail cdphe.edohd@state.co.us.