

Name	Organization (if applicable)
Address/City/State/Zip Code	
Email Address	Phone Number
<p><b>1. Are you familiar with the definition of a physician practice? 100 words or less)</b></p>   	
<p><b>2. Why would you like to serve on the Physician Practice Workgroup (PPW)? If applicable, describe any experience you have with a physician practice merging or being acquired by another practice. (100 words or less)</b></p>   	
<p><b>3. Describe your volunteer work experience in your community. List any and all organizations you have or are currently volunteering with.</b></p>   	
<p><b>4. What would you bring to a physician practice workgroup discussion and how would your participation contribute to a better oversight of physician practices in Connecticut?</b></p>   	
<p><b>5. Who do you work for and in what capacity? (if applicable)</b></p>   	
<p><b>6. By serving as a member of the PPW, you will be expected to attend one two-hour meeting every month. Work assignments, emails, or phone calls may be required between meetings. Are you able to devote the time necessary to be an active participant?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>7. All PPW work shall be available to the public including discussions, emails and any materials in any member's possession concerning the work. Such information is also subject to state freedom of information laws. Will you be comfortable with the requirement to provide any such information and for it to be made public?</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p><b>8. Describe your racial/ethnic background. (Optional)</b></p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> Black/African American (not of Hispanic or Latino origin) <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> White (not of Hispanic or Latino origin) <input type="checkbox"/> Self Description: _____</p>	
<p><b>9. What is your sex and gender identity? Check all that apply. (Optional)</b></p> <p><input type="checkbox"/> Woman <input type="checkbox"/> Transgender  <input type="checkbox"/> Man <input type="checkbox"/> Agender  <input type="checkbox"/> Genderqueer or non-binary <input type="checkbox"/> Not specified, please specify _____</p>	

Submit the application by Friday, September 24, 2021 via email: Steven Lazarus at [Steven.Lazarus@ct.gov](mailto:Steven.Lazarus@ct.gov) or Ronald Ciesones at [Ronald.Ciesones@ct.gov](mailto:Ronald.Ciesones@ct.gov) online,

or mail application to: OHS, PO Box 340308, 450 Capitol Avenue MS# 51OHS, Hartford, CT 06134-0308

*Please note that any information you share may become public, particularly regarding health conditions. You should share only that information that you are comfortable making public. If you wish, you may submit a one-page resume or a short bio with this application.*