1. **Application Process**

Pennsylvania Maternal Mortality Review Committee members are appointed by the Secretary of Health through a 2-step process. Initial applications will be used to evaluate applicant’s specialty, experience, skills, and interests. The membership goal is to create a diverse multidisciplinary committee with representation of various geographic regions, clinical and community specialties, and differing racial and ethnic backgrounds to meet requirements of the Maternal Mortality Review Act, [Act 24 of 2018.](https://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?act=24&sessInd=0&yr=2018#:~:text=MATERNAL%20MORTALITY%20REVIEW%20ACT%20%2D%20ENACTMENT&text=Establishing%20the%20Maternal%20Mortality%20Review,Health%3B%20and%20imposing%20a%20penalty.&text=This%20act%20shall%20be%20known,the%20Maternal%20Mortality%20Review%20Act.) Interested individuals are encouraged to complete and submit this application, a resume/CV, and any questions to [ra-dhmmrc@pa.gov](mailto:ra-dhmmrc@pa.gov).

1. **Application**
2. Applicant Information
   1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   4. Do you have prior or current experience serving on a review committee?

Choose an item.

* 1. Which of the following best describes your race/ethnicity: Choose an item.
  2. Which of the following geographic residences are you from or primarily represent in your work: Choose an item.

1. Employment information
2. Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Professional specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of current employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Length of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. List other affiliations/memberships including role, title, and length of service.
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Please describe what interests you about joining the PA MMRC, what expertise and experience you will bring to the committee, and how you will use this experience to further the work of reducing maternal mortality and morbidity across the commonwealth. ***(Maximum of 500 words – please attach a separate word document as necessary)***
8. **Commitment**

There are no term limits. Committee members are appointed until the choice is made to resign or the Secretary of Health removes a member. Meetings occur virtually on the third Wednesday of every month for 4 hours. To maintain a position on the committee, members must attend a minimum of 75% of meetings annually. Members are expected to review all case summaries prior to the review meeting, engage in conversation around each case, and participate in trainings as necessary.

Can you agree to this commitment? Choose an item.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_