



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

122 S. Michigan Ave., Suite 2009 • Chicago, Illinois 60603-6152 • www.idph.state.il.us

July 11, 2014

ILLINOIS COMMUNITY HEALTH WORKER ADVISORY BOARD
CALL FOR BOARD MEMBERSHIP APPLICATIONS

The Illinois Department of Public Health (IDPH) is requesting membership applications for the Illinois Community Health Worker Advisory Board. On May 29, 2014, Illinois House Bill 5412, the Community Health Worker Advisory Board Act, passed both houses of the Illinois General Assembly.

The Act calls for the Director of the IDPH to establish and appoint the Illinois Community Health Worker Advisory Board. The Board will, through the development of a plan, propose to the Department leadership the training and certification processes for community health workers (CHWs) and will also advise the Department, the Governor, and the General Assembly on all matters that impact the effective work of CHWs.

The board will consist of 15 voting members representing different racial and ethnic backgrounds and have the qualifications as follows:

Members – CHWs:

- 4 members who currently serve as CHWs in Cook County
 - One of whom shall have served as a health insurance marketplace navigator
- 2 who currently serves as CHWs in DuPage, Kane, Lake or Will County
- 1 member who currently serves as a CHW in Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, or Washington County
- 1 member who currently serves as a CHW in any other county in the State

Members – Others:

- 1 member physician licensed to practice medicine in Illinois
- 1 member who is a licensed nurse or advanced practice nurse
- 1 member who is a licensed social worker, counselor, or psychologist
- 1 member who currently employs CHWs
- 1 member who is a health policy advisor with experience in health workforce policy
- 1 member who is a public health professional with experience with community health policy
- 1 representative of a community college, university, or educational institution that provides training to CHWs

Improving public health, one community at a time

printed on recycled paper

Applications for Board Membership are currently being accepted. Only complete application packets will be considered. For full consideration please submit the following:

- Illinois Department of Public Health Board Membership Form (**see attachment**)
- Request for Release of Information Form (**see attachment**)
- Applicant Background Information Form (**see attachment**)
- Notice and Certification #1 and #2 Forms (**see attachment**)
- Conflict of Interest Questionnaire (**see attachment**)
- Current resume or curriculum vitae
- In 200 words or less, explain why you are interested in participating in the Illinois Community Health Worker Advisory Board and the expertise that you will bring to the Board.

Please submit to Juana Ballesteros, IDPH Manager of Community Public Health Outreach, at juana.ballesteros@illinois.gov. You must indicate in the email subject line which member group you represent. Here are some examples:

- **CHW LAKE COUNTY**
- **PHYSICIAN**
- **CHW EMPLOYER**



Illinois Department of Public Health
Board Membership Form
(To be submitted with every board member)



Name of Board <small>(Use drop-down list)</small>		
Name		Suffix (i.e., M.D., Ph.D., etc.)
Home Address		
City		Zip Code
Home Telephone		
Business Name		Occupation Title
Business Address		
City		Zip Code
Business Telephone	Extension	Mobile Phone
Fax		E-mail Address
Driver's License Number		
Sex	Race (African American, Native American, White, Hispanic, Asian or Other)	Date of Birth
Congressional District		State Senate District
State Representative District		Registered Voter <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you, your spouse, or any other family member living with you, required to be a registered lobbyist? * <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name of family member, firm, association and/or organization:		
Other Advisory Board Memberships within IDPH:		

* No person required to be registered as a lobbyist under the Illinois Lobbyist Registration Act, or spouse or immediate family member living with such a person may serve on a binding board. A binding board has the legal authority to make decisions or actions that must be followed. A non-binding board makes advisory recommendations.

To be filled out by IDPH staff

Category of Member _____

Has resume or curriculum vitae been enclosed? Yes No

Has copy of voter registration card been enclosed? Yes No

Recommended by _____ Date _____

Deputy Director _____ Date _____

**REQUEST FOR RELEASE
OF INFORMATION**

**TO: Director
Illinois State Police**

I, _____, do hereby authorize the Illinois State Police to release information relative to the existence or nonexistence of any criminal record which it might have concerning me to any Department of the State of Illinois solely to determine my suitability for employment or continued employment with the State of Illinois. I further authorize any agency which maintains records relating to me to provide same on request to the Illinois State Police for the purpose of this investigation.

I certify that the Illinois State Police, and its officers or employees who furnish this information concerning me, and any agency and its officers and employees which provides these records to the Illinois State Police, shall not be held accountable for giving this information. I do hereby release and save harmless the Illinois State Police, its officers and employees, and any other agency and its officers and employees which provides records concerning me for the purpose of this investigation, from any and all liability which may be incurred as a result of releasing such information.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

I have read and understand the contents of this Request for Release of Information.

Witness

Signature (include maiden name)

Address

City, State Zip Code

Date of Birth

Social Security Number

Driver's License Number

COMPLETE AND SIGN BOTH SIDES FOR THIS FORM

Signature

Date

COMPLETE AND SIGN BOTH SIDES OF THIS FORM

Notice and Certification - #1

The Illinois Lobbyist Registration Act (25 ILCS 170) provides, in pertinent part, as follows:

Sec. 3.1 Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, but not before that date, a person required to be registered under this Act (Lobbyist Registration Act), his or her spouse, and his or her immediate family members living with that person may not serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor; except that this restriction does not apply to any of the following:

- (1) A registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) A registered lobbyist, his or her spouse, or any immediate family member living with the registered lobbyist, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action

The Illinois Lobbyist Registration Act provides in part that "the following persons shall register with the Secretary of State as provided herein:

- (1) Any person who, for compensation or otherwise, either individually or as an employee or contractual employee or another person, undertakes to influence executive, legislative or administrative action.
- (2) Any person who employs another person for the purpose of influencing executive, legislative or administrative action."

I, _____, certify that I read and have no conflict with section 3.1 of the Lobbyist Registration Act (25 ILCS 170). I further certify that should I be appointed as a member of the _____ Board of the Illinois Department of Public Health, I will remain in compliance with this Act (25 ILCS 170).

Signature

Date

Notice and Certification #2

The Illinois State Officials and Employees Ethics Act (5 ILCS 430) provides, in pertinent part, as follows:

Section 5-55. Prohibition on serving on boards and commissions.

Notwithstanding any other law of this State, on and after February 1, 2004, a person his or her spouse, and any immediate family member living with that person is ineligible to serve on a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor if (i) that person is entitled to receive more than 7½ % of the total distributable income under a State contract other than an employment contract or (ii) that person together with his or her spouse and immediate family member living with that person are entitled to receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract; except that this restriction does not apply to any of the following:

- (1) A person, his or her spouse, or his or her immediate family member living with that person, who is serving in an elective public office, whether elected or appointed to fill a vacancy; and
- (2) A person, his or her spouse, or his or her immediate family member living with that person, who is serving on a State advisory body that makes nonbinding recommendations to an agency of State government but does not make binding recommendations or determinations or take any other substantive action.

I, _____, certify that I read and have no conflict with section 5-55 of the State Officials and Employees Ethics Act (5 ILCS 430). I further certify that should I be appointed as a member of the _____ Board of the Illinois Department of Public Health I will remain in compliance with section 5-55 of this Act (5 ILCS 430).

Signature

Date

CONFLICT OF INTEREST QUESTIONNAIRE

If answer is "YES" to any of the following, please explain.	YES	NO
1. Have you or your company entered into any business or consulting contracts with the State in the last three years? If so, list your partners (if any), and identify all state agencies and departments with which you or your company have had a contract in the last three years.		
2. If you answered "Yes" to question number 1, did you receive more than 7 1/2% of the total distributable income under a State contract other than an employment contract or did you, together with your spouse or immediate family member living with you, receive more than 15% in the aggregate of the total distributable income under a State contract other than an employment contract?		
3. Have you ever been named a party to any lawsuit or administrative proceeding? If so, please list county and year filed.		
4. Have you ever been arrested or convicted of a felony?		
5. Are you aware of any investigation of your conduct by any federal, state or local law enforcement agency?		
6. Have you ever filed for protection under the bankruptcy laws?		
7. Have you ever defaulted on a bank or personal loan?		
8. Do you have any government-guaranteed loan outstanding?		
9. Is any member of your immediate family employed by the State?		
10. Is there anything in your background, including any investments or real estate holdings, which might create or appear to create any conflict of interest with your appointment?		
11. Is there anything in your background which, if it were disclosed, might prove to be embarrassing to you or to the Governor?		

Print Name of Applicant: _____ Date: _____

Signature of Applicant: _____