

Oklahoma HIV/Hepatitis Planning Council (OHHPC) Membership Application

Thank you for applying to the OHHPC for membership. In order to achieve HRSA guidelines and CDC's requirement of parity, inclusion and representation (PIR), the OHHPC strives to have a membership that represents communities that are infected/affected by HIV/Hepatitis, and that reflect the current PIR needs of the OHHPC. Therefore, candidates are asked to provide demographic and experience related information that will assist in the selection process. All information on this form will be utilized only for the purpose of selecting comprehensive group membership representation. All information included in this application will be managed according to State Confidentiality Laws set forth in 63 O.S. Section 1-502.2

- Members of the OHHPC are elected for a two-year term.
- Members may apply for additional terms.
- Committee chairs and co-chairs are elected for a three-year term.
- The OHHPC year runs January through December.
- Vacancies are filled as needed from qualified applicants.

Applicant name _____

Mailing Address _____ **City** _____ **Zip Code** _____

Home Phone _____ **Business/Other Phone** _____

Email _____ **Employer** _____

Who referred you to the OHHPC? _____

Demographic Information

(Although this information is optional, please be advised that it will be utilized and may influence the selection process)

Age: 16-19 40-49
 20-29 50-59
 30-39 60+

Sex: Male
 Female
 Transgender

Ethnicity: Hispanic or Latino
(choose one) Non-Hispanic or not Latino

What is your HIV status?

Positive Unknown
 Negative Prefer not to say

What is your Hepatitis status?

Positive Unknown
 Negative Prefer not to say

Experience/Expertise (Check all that apply)

- African American Communities
- AIDS Service Organization
- Asian/Pacific Islander
- Behavioral/Social Science

Race: (choose one or more category)

- White
- Black or African American
- American Indian/Alaska Native
- Asian
- Hawaiian/Pacific Islander

Sexual Orientation: (choose one)

- Heterosexual
- Lesbian
- Bisexual
- Male who has sex with Males (MSM)
- Prefer not to say

Type of geographic location in which you live:

- Urban Rural Suburban
- Other (please specify): _____

Does your organization receive HIV/Hepatitis prevention or Ryan White CARE Act funding?

- Yes No Not applicable

- Clergy/Spiritual
- Community Planning
- Community/Business Leader
- Comprehensive risk counseling and services (CRCS)

Experience/Expertise (continued)

- Consumer (I am at risk or infected)
- Epidemiology
- Gay/Lesbian/Bisexual/Transgender Communities
- Government Agency (please specify): _____
- Hearing/Speech/Vision Impaired
- Hemophiliac Community
- Hispanic/Latino Communities
- HIV/AIDS/Hepatitis Advocate
- HIV/AIDS/Hepatitis Educator
- HIV/AIDS/Hepatitis Volunteer

- Homeless Population
- Injection Drug Using Population
- Local Public Health
- Long-Term Care
- Mental Health/Substance Abuse Treatment
- Native American Communities
- Prison/Jail/Juvenile Justice Communities
- Rural Health Issues
- Ryan White Title B, C, D or F
- School-Aged Youth/Education
- Women's Health Care/Social Services
- Other (please specify): _____

Specific Skills, Talent, and Experience

Please describe any specialized talents, skills, experiences or interest that would be an asset to the HIV/Hepatitis planning process.

Volunteer Activity

Please describe volunteer activities undertaken. Include participation in task forces, boards, educational and outreach work.

Why do you wish to become a member of the OHHPC?

Your Signature Date

Supervisor/Director's Signature (if applicable) Date

Please e-mail application to: ChuckL@health.ok.gov

Fax to: (405) 271-5149

Mailing address: Oklahoma State Department of Health

Attn: OHHPC

1000 N.E. 10th Street, Mail Drop 0308

Oklahoma City, Oklahoma 73117-1299

OHPC USE ONLY	
Date Application Received: _____	Received by: Mail: _____ E-mail: _____ Fax: _____
Date Membership Approved: _____	
Date Membership Declined: _____	