



# ARIZONA DEPARTMENT OF HEALTH SERVICES

## Application for State Drug Overdose Fatality Review Team

Please submit the application to [azopioid@azdhs.gov](mailto:azopioid@azdhs.gov)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phones: (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

Preferred contact:  HOME  CELL  WORK

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

1. Please describe your interest in becoming a member of this committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list your education, current employment and licenses (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

3. Please list associations and memberships with professional organizations:

\_\_\_\_\_  
\_\_\_\_\_

### Committee Position Representation:

- Medical Examiner - Forensic Pathologist
- Medical Examiner – Metropolitan Forensic Pathologist
- Tribal Government Representative
- Public Member
- Health Care Professional Who Specializes in the Prevention, Diagnosis and Treatment of Substance Use Disorders
- County Sheriff or Sheriff’s Designee Who Represents a County with a Population of Less than Five Hundred Thousand Persons
- County Sheriff or Sheriff’s Designee Who Represents a County with a Population of More than Five Hundred Thousand Persons



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Please confirm the following by signing the statement below:

I understand the expected commitment of a three (3) year term if I am appointed to this committee. I understand the expectation of attending an annual training on ethics, and bi-monthly committee meetings. I have attached a copy of my resume which is an accurate reflection of my experience and credentials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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