

Tobacco Education, Prevention and Cessation Grant Program Review Committee Vacancy Announcement – January 2018

APPLICATION DEADLINE EXTENDED - February 28, 2018

The Tobacco Education, Prevention and Cessation Grant Program, on behalf of the Colorado Board of Health, is currently seeking a **Representative of a statewide association representing physicians** to serve on the legislatively-mandated grant program Review Committee ("Tobacco Review Committee").

Those interested in serving on the committee must submit a 1) signed application form, 2) current resume/CV, 3) statement of interest and 4) letter of support/recommendation from the representing organization. Persons who reside outside of the Denver Metro area and particularly in rural areas of the state are strongly encouraged to apply.

The Tobacco Review Committee is a 16-member advisory committee created by legislation (C.R.S. §25-3.5-804) to ensure that tobacco grant program priorities are established consistent with the Colorado Tobacco Prevention and Control Strategic Plan, to oversee program strategies and activities, and to ensure that program grants are in compliance with legislatively mandated requirements.

The Tobacco Review Committee is a working advisory board that meets on the third Friday of each month, from 1:00 to 4:30 p.m. Additional time may be required during the year for strategic planning, grant review process and assignments related to major components of the program. Members serve without compensation but will be reimbursed for travel expenses. Members who live outside the Denver metro area may participate in the meetings by conference call or internet video options when possible.

This position is appointed by the Colorado State Board of Health and serves a three-year term with a two term limit. The appointed association representative will serve a partial term beginning the month following the Board appointment until September 30, 2019 and may be eligible for reappointment.

NOTE: Individuals employed by agencies that receive tobacco grant program or other related funding may apply for a committee position. Procedures are in place to manage conflicts of interest.

More information about the grant program, legislative mandates, meeting schedules and funding activities can be found at the [Tobacco Review Committee webpage](#).

Please send a complete application packet and questions to (email submission is required):
Rochelle Manchego, Committee Coordinator
Prevention Services Division - Colorado Department of Public Health and Environment
Phone: 303-692-2698 Email: cdphe_A35grantreviewcommittees@state.co.us



**TOBACCO EDUCATION, PREVENTION AND CESSATION GRANTS PROGRAM
Review Committee Application Form**

APPLICANT INFORMATION					
First Name:			Last Name:		
Occupation/Title:					
Agency/Dept./Program:					
Address:		City:		State:	Zip:
Phone Number:			Cell phone number (for emergency/meeting notice):		
Email address:					
Education Level (e.g. College, Graduate School, etc.)	Name of School	Location	No. Years Attended	Did You Graduate?	Degree, Certificate, Major Course(s) of Study
POSITION FOR WHICH YOU ARE APPLYING OR COULD REPRESENT (Please check all that apply) <input type="checkbox"/> Representative of a local public health agency <input type="checkbox"/> Representative of a statewide physicians association <input type="checkbox"/> Representative of an association representing family physicians <input type="checkbox"/> Representative of the Colorado Department of Education <input type="checkbox"/> Representative of the University of Colorado Health Sciences Center with expertise in evaluation <input type="checkbox"/> Representative of a socio-demographic disadvantaged population in Colorado <input type="checkbox"/> Representative of a statewide nonprofit organization with a demonstrated expertise in and commitment to tobacco control					
List Area(s) of expertise: 					
Organizational Membership and/or Representation (Indicate if Past or Present): 					

Volunteer Activities (Indicate if Past or Present):

REFERENCES (must include three (3))

Name of Reference:
Organization:
Telephone:
E-mail Address:

Name of Reference:
Organization:
Telephone:
E-mail Address:

Name of Reference:
Organization:
Telephone:
E-mail Address:

STATEMENT OF INTEREST

Your completed Application Package must include a Statement of Interest that discusses the items below in three pages or less:

1. Your reasons for applying for membership to the Tobacco Review Committee and the assets you would bring to it.
2. Your background, experience, and/or knowledge in public health, healthcare, policy, program planning and development, quality improvement, and/or research/data related to public health.
3. Your expertise in the position/area listed above for which you are applying (if applying for more than one position a separate statement of interest is required for each).
4. Your knowledge and experience regarding specific issues, or evidence-based strategies, or efforts related to Tobacco Control and Prevention in the state of Colorado.
5. How you will obtain input from constituencies that you represent and how you will communicate the issues addressed by the Committee with community members.

☐ Attach your Statement of Interest to this application. Your statement should be three pages or less and should be no smaller than 12 point font.

LETTER OF SUPPORT

Your completed Application Package must include a Letter of Support/Recommendation from the agency or association that you will represent as a member of the Review Committee.

☐ Attach your Letter of Support to this application.

Is there anything in your background that might be an embarrassment to the Board or you if it were to become public?

☐ YES ☐ NO (If YES, please explain in an attachment to this application)

I certify that the facts contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to obtain any and all pertinent information, personal or otherwise. I release all parties for all liability for any damage that may result from furnishing such information.

I understand that the Colorado Open Records Act may require that certain information contained in this application be available for inspection by the general public.

SIGNATURE: _____

DATE: _____

RETURN COMPLETED FORM, RESUME, STATEMENT OF INTEREST, and LETTER OF SUPPORT TO:

Rochelle Manchego, Committee Coordinator

Prevention Services Division - Colorado Department of Public Health and Environment

Phone: 303-692-2698 | Email: cdphe_A35grantreviewcommittees@state.co.us