

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
REQUEST FOR APPROVAL OF NOMINEES
FOR PUBLIC ADVISORY COMMITTEES**

(See reverse for Instructions)

Date Prepared

Principal
Alternate

Name of Companion Nominee

Name of Nominee: (last, first, middle, prof. degrees)	Business Title:
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Home Address:	Business Address:
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Date of Birth: SSN	Place of Birth:
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Agency:	Proposed Committee:
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Initial Appointment Proposed Term: From: To:	Reappointment Proposed Term: From: To:	Current Term: From: To:	Name of Retiring Member: Termination Date:
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Sources of Recommendations:		
Name	Title	Date

Special Qualifications of Nominee (briefly describe unique qualifications)

Type Qualifications Needed for Committee Position

Previous Membership on DHHS Committees and Terms of Office

Program Director Recommendation/Approval _____ BY: _____ Date	Agency Head Recommendation/Approval _____ BY: _____ Date
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Department Committee Management Office Concurrence _____ BY: _____ Date	OPDIV HEAD Recommendation/Approval _____ BY: _____ Date
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Assistant to the Secretary Recommendation _____ BY: _____ Date	SECRETARY'S APPROVAL _____ Date Secretary
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INSTRUCTIONS FOR COMPLETING FORM HHS-532

- * Complete Form HHS-532 for all nominees, whether principal or alternate
- * Fill in all items
- * Forward original and 3 copies to OS for each nominee
- * Do not indicate distribution to be made of copies
- * Attach curriculum vitae to each copy
- * Attach one copy of roster of committee membership
- * Attach one U.S. map showing geographic distribution of members and nominees
- * Signed original to be returned to agency Committee Management Officer

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the Federal Advisory Committee Act (P.L. 92-463). The primary purpose of the requested information is to determine and verify your qualifications for serving as a Federal public advisory committee member. The information will be used by officers and employees of the Department who have a need for the information in the performance of their official duties, and for an Annual Report to the President and various administrative reports to OMB and GSA. Disclosure of the requested information is voluntary, however, we cannot properly evaluate your qualifications without it.