**Plan Management and Delivery System Reform Advisory Group**

**Nomination Form 2019 (for 2019-2020 Term)**

**By submitting this form, along with resume and cover letter, you are indicating your interest in a two-year term on the Plan Management Delivery System Reform Advisory Group beginning January 2019.**

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| Full Name: |  |
| Title: |  |
| Organization: |  |
| Telephone: |  |
| E-mail: |  |
| Date: |  |
|  | Check below if you are interested in serving as chair of the Advisory Group, a one-year commitment:  *\_\_\_\_\_Yes, I am interested. Please contact me to discuss.* |

Nomination forms, along with resume and cover letter should be emailed to gina.uybungco@covered.ca.gov by Monday, December 10, 2018.