



**Medical Board Accepting Applications for Member Seats on the Advisory Committee on
Certified Mental Health Assistant Programs**

The State Medical Board of Ohio is pleased to announce that it is accepting applications for member seats on the Advisory Committee on Certified Mental Health Assistant Programs. The Executive Director of the State Medical Board appoints the Advisory Committee on Certified Mental Health Assistant Programs.

Of the five initial appointments, two shall be for terms of one year and three shall be for terms of two years.

At meetings, the committee shall advise the board and the department of higher education regarding certified mental health assistant programs until such time that there is a national accrediting body for certified mental health assistants. Once there is a national accrediting body, the committee ceases to exist.

If you are interested in serving as a committee member, please submit an application by email to Austin.Lucous@med.ohio.gov by **April 25th, 2025**.



Advisory Committee on Certified Mental Health Assistant Programs Application

Applicant: Please complete the application and attach a current professional resume or CV. Send the completed application packet by **April 25th, 2025** to Austin.Lucous@med.ohio.gov for consideration for appointment by the Executive Director of the State Medical Board of Ohio as a member on the Advisory Committee on Certified Mental Health Assistant Programs.

For further information: <https://codes.ohio.gov/ohio-revised-code/section-4772.06>

Full Name: _____
Last First Middle Suffix (Jr., II)

State Medical Board of Ohio License No. (If applicable) _____

Residential Address: _____
Number Street

City State ZIP Code

County of Residence: _____ Length of Ohio Residency: _____

Phone Numbers: _____
Mobile Home Business

Email Address: _____

Current Business/Employer: _____

Business Address: _____
Number Street

City State ZIP Code

Please describe any relevant experience that would qualify you to serve as a committee member of the Advisory Committee on Certified Mental Health Assistant Programs.

Applicant's Signature

Date