

## MEMORANDUM

Date: September 2015  
To: TBI Community members and interested parties  
From: Jean Doster, Director, Traumatic Brain Injury (TBI) Program  
Re: **Nomination Packet for Traumatic Brain Injury Advisory Council**

The Traumatic Brain Injury (TBI) Program is looking for people who understand the unique needs of persons with brain injury to serve on the Traumatic Brain Injury Advisory Council. Appointments are made annually for a term that begins in January and lasts two years.

The duties of the Advisory Council are to advise the TBI coordinator and to make recommendations that will assist TBI persons and their families. Member's responsibilities are advisory but they have influenced the direction of the program in multiple ways. The Council is composed of representatives from the TBI community and certain key state agencies. Appointments are made by the governor. Members do not receive compensation but are reimbursed for travel expenses. The quarterly meetings are usually scheduled on a Monday from 9:30 am until 12:00 pm in Smyrna, outside of Nashville.

### Instructions

If you wish to be considered for appointment to the Traumatic Brain Injury Advisory Council or wish to nominate someone for appointment, the instructions are as follows:

- 1) The nominee should complete the two attached forms:

**Application for Gubernatorial Appointment to a Board or Commission**  
**Application for Appointment to TBI Advisory Council\***

\* for category of Survivor/ Family member/ Primary Caregiver

- 2) Attach a current resume, biographical sketch or letter describing the nominee's experiences with or interest in brain injury.
- 3) Mail or email the completed forms and attachments to:

Jean Doster, Director  
Clinical Services 7<sup>th</sup> floor, AJT  
710 James Robertson Parkway  
Nashville, TN 37243  
[Jean.Doster@tn.gov](mailto:Jean.Doster@tn.gov)

Call 800-882-0611 or 615-741-1230 or e-mail at [Jean.Doster@tn.gov](mailto:Jean.Doster@tn.gov) with questions or for more information. The deadline for submissions is **November 1, 2015**.

*Serving on the Advisory Council is an opportunity to help improve the lives of survivors across our state.*

## **DESCRIPTION: Traumatic Brain Injury Advisory Council**

The following sections from the enabling legislation (TCA 68-55 Part 1-4) (2015) describe the Traumatic Brain Injury Advisory Council composition and duties:

The advisory council shall be composed of nine (9) members appointed by the governor as follows:

- Five members are family members, survivors or primary care givers and no more than two can reside in each of the three grand divisions of the state (east, middle, west). Nominations may be submitted by the Brain Injury Association of Tennessee, the state university and community college system and other interested parties.
- One member who is knowledgeable on TBI represents the departments of Mental Health and Substance Abuse Services and Intellectual and Developmental Disabilities to be selected from up to two nominees of each department.
- One member who has experience in providing special education services or actual therapy to persons with TBI represents the Department of Education, to be selected from up to three nominees of DOE.
- One member who is knowledgeable on TBI represents the Department of Human Services, Vocational Rehabilitation, to be selected from up to three nominees of DHS.
- One member should be a health care professional whose practice includes at least fifty percent of providing direct care to individuals with brain injury or a health care provider who provides care to TBI persons, to be selected from lists of qualified persons submitted by interested hospital groups, including, but not limited to, the Tennessee Hospital Association.

The members are appointed to serve two-year terms. Members of the council receive no compensation for service on the advisory council but will be reimbursed for travel expenses in accordance with Tennessee comprehensive travel regulations. The council meets at least quarterly in Nashville, usually on a Monday from 9:30 am – 12:00 pm.

The duties of the advisory council are to advise the TBI coordinator in developing program policies and procedures, to make recommendations, and perform such other duties as necessary for implementation of a state-wide plan to assist TBI person and their families. While the Council's responsibilities are advisory, they have influenced the direction of the program in many ways. Council members identified the needs of survivors and designed grant programs to meet those needs. They recognized the benefit of providing education and awareness on brain injury issues and approved funding for regional brain injury conferences. Council members were very influential in getting legislation passed to increase fines on traffic violations, which added to revenues for the TBI Program.

Council members have the responsibility of representing the interests of the thousands of Tennesseans with brain injury.

# APPLICATION FOR GUBERNATORIAL APPOINTMENT TO A BOARD OR COMMISSION

**Board or Commission for which you would like to be considered:** **Traumatic Brain Injury Advisory Council**

*(Please Print or Type)*

**Name, Address and Business Information**

*(Please Print or Type)*

|                                       |                  |  |  |
|---------------------------------------|------------------|--|--|
| <b>Name:</b><br>(First, Middle, Last) |                  | <b>Title:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. |  |
| Home Address:                         |                  | Business Address:  |  |
|                                       |                  |  |  |
| Zip Code:                             |                  | Zip Code:  |  |
| Home Phone:                           |                  | Business Phone:  |  |
| Home Fax:                             |                  | Business Fax:  |  |
| Mobile Phone:                         |                  | Current Employer:  |  |
| E-mail:                               |                  | Position:  |  |
| House District:                       | Senate District: |  |  |

### Personal Information:

|   |                |                     |
|---|----------------|---------------------|
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth: | Social Security No: |
|---|----------------|---------------------|

### Education and General Qualifications:

| Level              | Name of School | Location (City, State) | Did you Graduate? | Type Degree(s) | Year Graduation/ Degree Awarded | Major Course of Study |
|--------------------|----------------|------------------------|-------------------|----------------|---------------------------------|-----------------------|
| High School/GED    |                |                        |                   |                |                                 |                       |
| College/Other      |                |                        |                   |                |                                 |                       |
| Graduate/Postgrad. |                |                        |                   |                |                                 |                       |

Licenses held *(if applicable)*:

Special Skills and Qualifications:

Community Activities/Organizational Affiliations *(current)*:

### Declarations

|  |   |
|--|---|
| Are you registered to vote in Tennessee? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| Have you ever been convicted of a crime or felony? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If yes, provide written details.)</i>                 | Are you a Permanent Resident of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Have you ever had a professional/occupational license revoked, or suspended as a result of disciplinary action? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there anything in your background that might become an embarrassment to you if it were to become public?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a current employee of the State of Tennessee?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Are you a current employee of the U.S. government?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |
| Are you registered as a lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(If yes, please specify the groups you represent.)</i>                  | Are you currently serving on a board or commission?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please list the board or commission.)</i>   |

**Diversity Information.** *The Governor desires broad representation on boards, representative of the entire State. The information below will assist in this goal and is voluntary on your part.*

*Ethnicity: (Of what race or ethnicity do you consider yourself to be?)*

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Black/African-American                        | <input type="checkbox"/> White/Caucasian                | <input type="checkbox"/> Native American                               |
| <input type="checkbox"/> Latino/Hispanic                               | <input type="checkbox"/> Asian or Pacific Islander      | <input type="checkbox"/> Other <i>(please specify)</i>                 |
| <input type="checkbox"/> Senior/Elder Citizen <i>(60 yrs or older)</i> | <input type="checkbox"/> Veteran of U.S. Armed Forces   | <input type="checkbox"/> Gay, Lesbian, Bi-Sexual, Transgendered (GLBT) |
| <input type="checkbox"/> Person with Disabilities                      | <input type="checkbox"/> Young Adult <i>(16-24 yrs)</i> | <input type="checkbox"/> Other <i>(please specify)</i>                 |

**(Note: You should also attach a current resume or biographical sketch to this application form)**

*I certify that the facts and declarations contained in this application are true and correct to the best of my knowledge. I authorize investigation of all statements contained herein and any personal references that I may include, or later provide, to obtain any and all pertinent information.*

Signature:

Date:

**APPLICATION FOR APPOINTMENT**

Board or Commission for which you would like to be considered:

**TRAUMATIC BRAIN INJURY ADVISORY COUNCIL**

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

Email: \_\_\_\_\_

Category of Representation: (check one)

Family member

Survivor

Primary Care Giver

Grand region of residence: (check one)

East

Middle

West

Person nominating \_\_\_\_\_

E-mail \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_