



Compassionate Use Program (CUP)

FOR DPS USE ONLY

Application for Appointment to CUP Working Group

Applicant Information

Last Name	First Name	Middle Name	Suffix (If Any)
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Address

Residence Address (Cannot be a PO Box)	City	State	Zip Code
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Mailing Address (If different from Residence Address)	City	State	Zip Code
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Phone number, email address, and company website (if applicable)

Phone Number	<input type="radio"/> Home <input type="radio"/> Cell <input type="radio"/> Office
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Email Address	<input type="radio"/> Home <input type="radio"/> Office
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Company Website

Check the appropriate box to indicate the working group position for which you are applying.

Public Representative (non-stakeholder)
(one (1) total)

Dispensing Organization Representative Compassionate Cultivation: ____
(one (1) per dispensing organization)

Fluent: ____

Surterra/Goodblend: ____

Patient Representative (currently participating patient, parent or other caregiver of current patient, or a patient advocate)

(three (3) total)

Physician Representative (currently registered)
(three (3) total, one per subcategory of types of patients being treated)

General practice: ____

Pediatric specialist: ____

Veteran specialist: ____

Statement regarding reasons for applying:

Current and past public offices held or appointments to boards or committees:

Any criminal history (including relevant dates, courts, and cause numbers), other than for Class C misdemeanor traffic offenses, including arrests, charges, convictions, and deferred adjudications (agency will run background check):

Any civil litigation to which you were a party (including relevant dates, courts, and cause numbers):

Please read the options below to acknowledge your affirmation of the applicable statements. Please check a box for each category.

I affirm that:

I am I am NOT (1) Registered or licensed in the Compassionate Use Program;

I am I am NOT (2) Employed by or participate in the management of a business entity or other organization regulated by or receiving money from the department;

I am I am NOT (3) The owner or controller, directly or indirectly, of more than a 10 percent interest in a business entity or other organization regulated by or receiving money from the department;

I am I am NOT (4) Required to register as a lobbyist under Chapter 305, Government Code, because of my activities for compensation on behalf of a profession related to the operation of the working group;

I am I am NOT (5) A paid consultant of a Texas trade association in fields related to the Compassionate Use Program.;

My spouse is My spouse is NOT Not applicable (6) A paid consultant of a Texas trade association in fields related to the Compassionate Use Program; and

I have I have NOT (7) Thoroughly and accurately responded to the questions and requests for information on this application.

Employment history (attach resume)

Applicant Signature _____

Date _____

(MM/DD/YYYY)

By checking this box, I acknowledge the insertion of my electronic signature will have the same weight and effect as an original signature.

Submit your application and resume to the RSD Contact Us secure website:

<https://www.dps.texas.gov/rsd/contact/Contact?sProgram=CUP>.

Select “Submit Documents(s)”, fill in the electronic form, and attach the completed application and a copy of your resume.