



U.S. CONSUMER PRODUCT SAFETY COMMISSION  
4330 EAST WEST HIGHWAY  
BETHESDA, MD 20814

NANCY A. NORD  
ACTING CHAIRMAN

TEL: (301) 504-7901  
FAX: (301) 504-0057

Date

Insert Candidate Name, Title, Location

Dear Dr. (insert name):

I am pleased to inform you of your nomination by Dr. Ralph Cicerone, President of the National Academy of Sciences (NAS), as a candidate for the U.S. Consumer Product Safety Commission's (CPSC) Chronic Hazard Advisory Panel (CHAP) on phthalates. The recently-enacted Consumer Product Safety Improvement Act (CPSIA, Public Law 110-314) requires the CPSC to appoint a CHAP to study "the effects on children's health of all phthalates and phthalate alternatives as used in children's toys and child care articles."

Under Section 28 of the Consumer Product Safety Act (15 U.S.C. § 2077), the President of the NAS nominated candidates as potential CHAP members, and the Commission will select seven candidates to serve on the CHAP. According to 15 U.S.C. § 2077, CHAP members must be scientists:

- 1) who are not officers or employees of the United States (other than employees of the National Institutes of Health, the National Toxicology Program, or the National Center for Toxicological Research), and who do not receive compensation from or have any substantial financial interest in any manufacturer, distributor, or retailer of a consumer product; and
- 2) who have demonstrated the ability to critically assess chronic hazards and risks to human health presented by the exposure of humans to toxic substances or as demonstrated by the exposure of animals to such substances.

Details related to the CHAP and its charge are found in section 108(b)(2)(B)(i) through (viii) of the CPSIA (<http://www.cpsc.gov/cpsia.Pdf>). Within 18 months after its appointment, the CHAP must complete a *de novo* examination of the full range of phthalates used in children's products. Specifically, section 108(b)(2)(B) of the CPSIA states that the panel will:

- (i) examine all of the potential health effects (including endocrine disrupting effects) of the full range of phthalates;
- (ii) consider the potential health effects of each of these phthalates both in isolation and in combination with other phthalates;
- (iii) examine the likely levels of children's, pregnant women's, and others' exposure to phthalates, based on a reasonable estimation of normal and foreseeable use and abuse of such products;

- (iv) consider the cumulative effect of total exposure to phthalates, both from children's products and from other sources, such as personal care products;
- (v) review all relevant data, including the most recent, best-available, peer-reviewed, scientific studies of these phthalates and phthalate alternatives that employ objective data collection practices or employ other objective methods;
- (vi) consider the health effects of phthalates not only from ingestion but also as a result of dermal, hand-to-mouth, or other exposure;
- (vii) consider the level at which there is a reasonable certainty of no harm to children, pregnant women, or other susceptible individuals and their offspring, considering the best available science, and using sufficient safety factors to account for uncertainties regarding exposure and susceptibility of children, pregnant women, and other potentially susceptible individuals; and
- (viii) consider possible similar health effects of phthalate alternatives used in children's toys and child care articles.

The CHAP must submit a report to the Commission, including recommendations to ban any phthalates and phthalate alternatives, not later than 180 days after completing its examination.

If you are interested in being considered for the CHAP, please complete the enclosed questionnaire so that we may determine whether your appointment would be within 15 U.S.C. § 2077. This information will be protected as part of a Privacy Act system of records. There is no penalty for not submitting this information, but failure to do so may preclude your being selected for the CHAP. Also, to help the Commission select panel members, please provide your curriculum vitae, including information related to your experience in any of the following disciplines:

- Exposure Assessment
- Reproductive/Developmental Toxicity
- General Toxicology
- Risk Assessment of Mixtures/Cumulative Risk Assessment
- Risk Assessment for Children
- Epidemiology/Biostatistics
- Biomonitoring/Pharmacokinetic Modeling

Please submit the requested information by (insert date), either in the enclosed self-addressed stamped envelope or via e-mail to the Commission's phthalate project manager, Dr. Michael Babich, at [mbabich@cpsc.gov](mailto:mbabich@cpsc.gov). It is anticipated that the CHAP will meet several times over two years. Public testimony will be permitted at one of these meetings. The panel will designate a chair and co-chair at the first meeting and members (other than federal employees) will receive compensation at the rate of (insert amount) per day, including travel time. In addition, the Commission will pay for travel (plane fare (coach), taxis, etc.), lodging (insert amount), and meals (amount per day).

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Your nomination is a reflection of the high regard in which you are held by your peers, and I hope you are interested in being considered for the CHAP. If you do not wish to be considered, please notify us by (insert date). In cases of any apparent conflict of interest, the Commission staff will notify you with an explanation. If you have questions, please contact Dr. Michael Babich, at 301-504-7253 or [mbabich@cpsec.gov](mailto:mbabich@cpsec.gov). We look forward to your response and appreciate your consideration of this request for public service.

Sincerely,

Nancy A. Nord  
Acting Chairman

Enclosures:

CHAP Questionnaire

15 U.S.C. § 2077

P.L. 110-314, Section 108 of the CPSIA

## Chronic Hazard Advisory Panel Questionnaire<sup>1</sup>

1. Name: \_\_\_\_\_

2. Employment Affiliation:

a. Current Position and Description of Duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Employer's Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Type of organization, e.g., health care, manufacturing, educational, testing laboratory, governmental, public interest, retail. (Please complete this item even if self-employed).

\_\_\_\_\_

d. Telephone number: \_\_\_\_\_

e. Consulting work contracts and grants (current or anticipated only): Specify for whom work is done and who receives payment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Financial Interests:

a. Companies which you, your spouse, or minor children own or in which you are a partner:

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\_\_\_\_\_  
\_\_\_\_\_

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<sup>1</sup> The Consumer Product Safety Commission has requested approval from the Office of Management and Budget for the collection of information associated with this form. In the absence of such an approval, you are not required to complete this questionnaire.

b. Companies or trusts in which you, your spouse, or minor children hold securities (stocks, stock options, bonds, etc.) that are worth more than \$15,000, or which pay you more than \$500 per year:

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4. Any other information which you believe might relate to the questions of compensation from, or substantial financial interest in, any manufacturer, distributor, or retailer of a consumer product. (For example, do you have any continuing financial interests, through a pension or retirement plan, shared income or other arrangement as a result of any current or prior employment or business professional association.)

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I certify that this information is true, complete, and correct to the best of my knowledge and belief.

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Signature Date