

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS			FOR HRSA USE ONLY				
			Grant Number		Application Tracking Number		
BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE <small>(Place asterisk (*) if member derives more than 10% of income from health industry)</small>	>10% of income from health industry	HEALTH CENTER PATIENT	LIVE OR WORK IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE	SPECIAL POPULATION REPRESENTATIVE <small>(If yes, specify Special Population)</small>

Gender		Number of Board Members
Male		
Female		
Unreported/Refused to Report		
Ethnicity		Number of Board Members
Hispanic or Latino		
Non-Hispanic or Latino		
Unreported/Refused to Report		
Race		Number of Board Members
Native Hawaiian		
Other Pacific Islander		
Asian		
Black/African American		
American Indian/Alaska Native		
White		
More Than One Race		
Unreported/Refused to Report		

Note: Add additional pages if needed.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.