



Department of Vermont Health Access
 280 State Drive, NOB 1 South
 Waterbury, VT 05671-1010

Phone 802-879-5900
 Fax 802-241-0268

Drug Utilization Review Board - Public Comment Registration Form

Name	<input style="width: 100%;" type="text"/>
Occupation	<input style="width: 100%;" type="text"/>
Email	<input style="width: 100%;" type="text"/>
Phone	<input style="width: 100%;" type="text"/>
Name of Represented Individual/Organization	<input style="width: 100%;" type="text"/>
State of Residence	<input style="width: 100%;" type="text"/>
Date of DUR Board Meeting	<input style="width: 100%;" type="text"/>
Drug for Public Comment	<input style="width: 100%;" type="text"/>

Compensation Disclosure for Public Comment

I am not receiving direct or indirect compensation for appearing/speaking before the board.
 (Examples of indirect compensation may include but are not limited to non-financial support, personal fees, or royalties.)

I am receiving compensation for appearing/speaking before the board.

Direct Indirect

Please list entity(s) by the drug manufacturer.

I am employed by the drug manufacturer.

Registrant Signature Date

By signature, the registrant attests the above information and subsequent testimony is accurate and truthful.

The DUR Board meeting will allow public comment, members of the public who wish to testify must complete the DUR Board Public Comment Registration Form in its entirety. Completed forms should be submitted to ahs.dvhaph@vermont.gov. Forms must be received by the Friday prior to the DUR Board meeting. Each speaker will be given 3 minutes to speak at the public meeting and will be called upon by the chair when appropriate. Only 1 speaker employed by a manufacturer will be allowed.