

# WITNESS INFORMATION FORM

Please complete the Witness Information Form before testifying:

Date: APRIL 2, 2019

Name: RONALD ROSS

Are you representing: Yourself \_\_\_\_\_ Organization X

Organization (If Applicable): PSYCHOLOGY BOARD

Position/Title: EXECUTIVE DIRECTOR

Address: RIFFE CENTER, 18<sup>TH</sup> FLOOR

City: COLUMBUS State: OH Zip: 43215

Best Contact Telephone: 466-1085 Email: ronald.ross@psy.ohio.gov

Do you wish to be added to the committee notice email distribution list? Yes \_\_\_\_\_ No X

Business before the committee

Legislation (Bill/Resolution Number): HB 166

Specific Issue: EXECUTIVE BUDGET RECOMMENDATION

Are you testifying as a: Proponent X Opponent \_\_\_\_\_ Interested Party \_\_\_\_\_

Will you have a written statement, visual aids, or other material to distribute? Yes X No \_\_\_\_\_

(If yes, please send an electronic version of the documents, if possible, to the Chair's office prior to committee. You may also submit hard copies to the Chair's staff prior to committee.)

How much time will your testimony require? 5 MINUTES

Please provide a brief statement on your position:

SUPPORT FY20-21 EXEC. RECOMMENDATION  
FOR PSYCHOLOGY BOARD OPERATION

*Please be advised that this form and any materials (written or otherwise) submitted or presented to this committee are records that may be requested by the public and may be published online.*