



House Health Committee
Rep. Derek Merrin, Chairman

WITNESS INFORMATION FORM

Date: 4/25/19

Name: Annie Bowen

Are you representing: Yourself yes Organization _____

Organization (If Applicable): N/A

Position/Title: Annie Bowen, MSN, RN, NE-BC

Address: 28 3rd Ave. SW

City: Etna State: OH Zip: 43062

Best Contact Telephone: 614-282-1651 Email: abowen0205@gmail.com

Do you wish to be added to the committee notice email distribution list? Yes No _____

Business before the committee

Legislation (Bill/Resolution Number): H.B. 177

Specific Issue: Standard care arrangements and prescribing requirements

Are you testifying as a: Proponent Opponent _____ Interested Party _____

Will you have a written statement, visual aids, or other material to distribute? Yes 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? _____

Comments:

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.