

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Monday, March 20, 2023

Name: Kelley Long

Organization (If Applicable): Ohio Professionals Health Program

Position/title: Executive Director

Address: 130 E. Chestnut Street Suite 200

City: Columbus State: OH Zip: 43215

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Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 3

- *Committee Chair may limit testimony in the interest of time*