

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Wednesday, October 20, 2021

Name: Melisa Miner

Organization (If Applicable): International Association of Forensic Nurses -- Ohio Chapter

Position/title: Registered Nurse, Sexual Assault Nurse Examiner

Address: 6755 Business Parkway Suite 303

City: Elkridge State: MD Zip: 21075

Telephone: 614-989-6707

Email: gov@ohioiafn.org

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 3
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent: X
- Opponent:
- Interested Party:

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?

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