

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, February 08, 2022

Name: Mike Cunningham, PharmD

Organization (If Applicable): UC Health

Position/title: Administrator, Pharmacy Services

Address: 3200 Burnet Ave.,

City: Cincinnati State: OH Zip: 45229

Telephone: 3302347565

Email: stephan.shehy@uchealth.com

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number): H. B. No. 451
- 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 X No

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

How much time will your testimony require? Written Only

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