

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:06:17 AM

---

Application 7

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

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**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 5:26 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119569>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

MLAC

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Qidwai

**Legal First Name:**

Aamer

**Legal Middle Name:**

M

**Preferred Name:**

NOT ANSWERED

**Date of Birth:**

07/01/1963

**Place of Birth:**

Pakistan

**Ethnicity:**

Asian/Pacific Islander

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

1999

**If "Yes", list place of birth:**

Pakistan

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2001

**Number of years at current residence?**

21

**If less than 5 years, list the city you resided during the last 5 years:**

Several

## Professional Information

**Present Employer (Company/Business Name):**

Southern Illinois Healthcare

**Business Address:**

405 W Jackson St  
Carbondale, IL 62901

**Job Title/Responsibilities:**

System Admin Director Path & Lab Svcs

## Educational History

**Specify school attended, year of graduation and type of degree received.**

University of Maryland Graduate degree Masters Health Administration

**High school or high school equivalence (G.E.D.):**

In Pakistan

**Undergraduate:**

Foreign Medical Graduate MBBS

**Graduate:**

MHA

## **Background Information**

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 12:00:27 PM

---

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Thursday, July 28, 2022 11:56 AM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119599>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratory Advisory Committee

**Please specify which position on the board/commission you qualify for:**

Member

# Biographical Information

**Legal Last Name:**

Armour

**Legal First Name:**

Patricia

**Legal Middle Name:**

Ann

**Preferred Name:**

Pat

**Date of Birth:**

12-04-1950

**Place of Birth:**

Superior, Wisconsin

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

1980

**Number of years at current residence?**

41

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

College of Southern Nevada

**Business Address:**

700 College Drive

Henderson, Nevada 89002

**Job Title/Responsibilities:**

Community College Professor, Clinical Laboratory Science program

## Educational History

**Specify school attended, year of graduation and type of degree received.**

Virginia Commonwealth University, 2018, PhD, Health Related Science-Clinical Laboratory Science

**High school or high school equivalence (G.E.D.):**

Superior Cathedral High School, 1969, High School Diploma

**Undergraduate:**

University of Wisconsin-Superior, 1973, Bachelor of Science, Medical Technology

**Graduate:**

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

Yes

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

Yes

**If yes, please explain:**

From 2003-2016, I was employed by the Southern Nevada Health District as the Laboratory Manager/Responsible Official/Technical Supervisor of the Southern Nevada Public Health Laboratory

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====**END REPORT**=====

Tired of too many email, you can update your form's setting to only receive a daily email.



**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Wednesday, July 27, 2022 4:09:05 PM

---

For you.

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 4:06 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119564>User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Lab Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Burns

**Legal First Name:**

Judith

**Legal Middle Name:**

Linette

**Preferred Name:**

Judy

**Date of Birth:**

01/10/1971

**Place of Birth:**

New Mexico

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

1987

**Number of years at current residence?**

21

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Quest Diagnostics

**Business Address:**

4230 Burnham Avenue

Las Vegas, NV 89119

**Job Title/Responsibilities:**

West Region Senior Director of Anatomic Pathology Laboratory Operations

## Educational History

**Specify school attended, year of graduation and type of degree received.**

UNLV, BS - Biology, 1994. APL School of Cytotechnology - Certification in Cytotechnology, 1998

**High school or high school equivalence (G.E.D.):**

HS Graduate - Chaparral HS, Las Vegas, NV

**Undergraduate:**

UNLV - Biology

**Graduate:**

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====**END REPORT**=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Wednesday, July 27, 2022 5:17:19 PM

---

1 more.

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 4:16 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119566>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratories Advisory Committee (MLAC)

**Please specify which position on the board/commission you qualify for:**

Committee Position

# Biographical Information

**Legal Last Name:**

Cabbo

**Legal First Name:**

Chloe

**Legal Middle Name:**

Amascual

**Preferred Name:**

Chloe

**Date of Birth:**

06211969

**Place of Birth:**

Philippines

**Ethnicity:**

Asian/Pacific Islander

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

August 13, 2021

**If "Yes", list place of birth:**

Philippines

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**



**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2014

**Number of years at current residence?**

3

**If less than 5 years, list the city you resided during the last 5 years:**

Las Vegas

## Professional Information

**Present Employer (Company/Business Name):**

MLee Healthcare Staffing and Recruiting

**Business Address:**

5113 Southwest Parkway

Suite 210

Austin, TX 78735

**Job Title/Responsibilities:**

Traveling Medical Technologist at Helen Newberry Joy Hospital in Newberry, Michigan

## Educational History

**Specify school attended, year of graduation and type of degree received.**

Walden University 2017 Masters in Healthcare Administration And PhD in Health Services in-progress

**High school or high school equivalence (G.E.D.):**

Hugh School Graduate

**Undergraduate:**

BS Medical Technology

**Graduate:**

MHA 2017 and PhD in Health Services in-progress

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

Yes

**If yes, please explain:**

My name before my US citizenship in August 2021 was and my Nevada General Supervisor License is Chloe Cabbo-Masilang.

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.



**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:04:47 AM

---

Application 1

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Thursday, July 28, 2022 6:46 AM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119580>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

MLAC

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Coleman

**Legal First Name:**

April

**Legal Middle Name:**

NOT ANSWERED

**Preferred Name:**

April

**Date of Birth:**

03/16/1983

**Place of Birth:**

Oklahoma City

**Ethnicity:**

African American

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**



**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2018

**Number of years at current residence?**

4

**If less than 5 years, list the city you resided during the last 5 years:**

Phoenix, AZ

## Professional Information

**Present Employer (Company/Business Name):**

North Vista Hospital

**Business Address:**

1409 E Lake Mead Blvd  
North Las Vegas, NV 89030

**Job Title/Responsibilities:**

Laboratory Director

## Educational History

**Specify school attended, year of graduation and type of degree received.**

NOT ANSWERED

**High school or high school equivalence (G.E.D.):**

2001 21st Century

**Undergraduate:**

2011 University of Kansas

**Graduate:**

NOT ANSWERED

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Tawny Chapman](#)  
**To:** [Nathan K. Orme](#); [Nikki Feister](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Monday, August 8, 2022 7:51:54 AM

---

Thank you,

Tawny Chapman  
Executive Assistant to Director Richard Whitley  
Nevada Department of Health and Human Services  
Director's Office  
400 W. King St, Ste 300 | Carson City, NV 89703

[www.dhhs.nv.gov](http://www.dhhs.nv.gov)

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Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting [www.nevada211.org](http://www.nevada211.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Saturday, August 6, 2022 8:26 AM  
**To:** Tawny Chapman [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/121101>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratory Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Dormody

**Legal First Name:**

Heidi

**Legal Middle Name:**

Anna

**Preferred Name:**

NOT ANSWERED

**Date of Birth:**

04-10-1962

**Place of Birth:**

West Berlin, Germany

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

NV

**Since what year have you been a continuous resident of Nevada?**

2019

**Number of years at current residence?**

2

**If less than 5 years, list the city you resided during the last 5 years:**

Carmel CA

## Professional Information

**Present Employer (Company/Business Name):**

Saint Mary's Medical Center

**Business Address:**

235 West 6th Street Reno, NV

**Job Title/Responsibilities:**

General Supervisor Laboratory Quality

## Educational History

**Specify school attended, year of graduation and type of degree received.**

CUS Chico , BS Microbiology

**High school or high school equivalence (G.E.D.):**

Carmel High School, Carmel, CA. 1980, HS diploma

**Undergraduate:**

CUS Chico , BS Microbiology 1985

**Graduate:**

New England College, MS Management, Healthcare Administration 2009

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.



# Application for Appointment to Position of Trust

Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratories Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

## Biographical Information

**Legal Last Name:**

Farres

**Legal First Name:**

Jillian

**Legal Middle Name:**

Rose

**Preferred Name:**

Jillian

**Date of Birth:**

07/17/1982

**Place of Birth:**

New York

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2016

**Number of years at current residence?**

5

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Dignity Health- Siena

**Business Address:**

3001 St Rose Pkwy  
Henderson, NV 89052

**Job Title/Responsibilities:**

Registered Respiratory Therapist

## Educational History

**Specify school attended, year of graduation and type of degree received.**

Mid-State Technical College, Wisconsin Rapids, WI, 2013, Associates of Applied Science- Respiratory Therapy

**High school or high school equivalence (G.E.D.):**

Adams-Friendship High School, Friendship, WI, 2000

**Undergraduate:**

University of Arizona Global Campus, current student- anticipated graduation 2024

**Graduate:**

NOT ANSWERED

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Cc:** [Tawny Chapman](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Tuesday, September 20, 2022 5:24:34 PM

---

See below. For review and response.

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://nvhealthresponse.nv.gov)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Tuesday, September 20, 2022 5:06 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/128069>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratory Advisory Committee

**Please specify which position on the board/commission you qualify for:**

Member

# Biographical Information

**Legal Last Name:**

fontanilla

**Legal First Name:**

nassreen

**Legal Middle Name:**

NOT ANSWERED

**Preferred Name:**

NOT ANSWERED

**Date of Birth:**

11/12/1983

**Place of Birth:**

Philippines

**Ethnicity:**

Asian/Pacific Islander

**Are you U.S. Citizen:**

No

**If "No" explain:**

Pending Oath Taking

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

NOT ANSWERED

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**

  
**County:**

Washoe

**Since what year have you been a continuous resident of Nevada?**

2019

**Number of years at current residence?**

1

**If less than 5 years, list the city you resided during the last 5 years:**

Reno Nv and Webster TX

## Professional Information

**Present Employer (Company/Business Name):**

Northern Nevada Health System

**Business Address:**

2375 E Prater Wy, Sparks, NV 89434

**Job Title/Responsibilities:**

Lab Supervisor

## Educational History

**Specify school attended, year of graduation and type of degree received.**

UTRGV, MSHS in CLS

**High school or high school equivalence (G.E.D.):**

NOT ANSWERED

**Undergraduate:**

NOT ANSWERED

**Graduate:**

MSHS CLS

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

# Application for Appointment to Position of Trust

Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical laboratories advisory committee

**Please specify which position on the board/commission you qualify for:**

General supervisor

## Biographical Information

**Legal Last Name:**

Gorzalski

**Legal First Name:**

Andrew

**Legal Middle Name:**

NOT ANSWERED

**Preferred Name:**

NOT ANSWERED

**Date of Birth:**

04/26/1985

**Place of Birth:**

Wisconsin

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED



**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Washoe

**Since what year have you been a continuous resident of Nevada?**

1990

**Number of years at current residence?**

8

**If less than 5 years, list the city you resided during the last 5 years:**

Reno

## Professional Information

**Present Employer (Company/Business Name):**

Nevada State Public Health Lab

**Business Address:**

1664 N. Virginia St.

MS 385

Reno, NV 89557

**Job Title/Responsibilities:**

Molecular supervisor. Supervise all molecular diagnostic tests and sequencing.

## Educational History

**Specify school attended, year of graduation and type of degree received.**

NOT ANSWERED

**High school or high school equivalence (G.E.D.):**

NOT ANSWERED

**Undergraduate:**

UNR 2006, BS

**Graduate:**

UNR 2010, MS. UNR 2015 PHD

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:05:36 AM

---

Application 5

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 5:46 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119571> User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratory Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General supervisor

# Biographical Information

**Legal Last Name:**

Hayworth

**Legal First Name:**

Travis

**Legal Middle Name:**

Ethan

**Preferred Name:**

Travis

**Date of Birth:**

11/30/1989

**Place of Birth:**

Raleigh, NC

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

N/a

**If you are a naturalized citizen, date of naturalization:**

N/a

**If "Yes", list place of birth:**

N/a

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

Moving to this location 9/1 starting new job at UHS valley medical center In Summerlin, NV 9/12.

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clarke

**Since what year have you been a continuous resident of Nevada?**

2022

**Number of years at current residence?**

0

**If less than 5 years, list the city you resided during the last 5 years:**

Seattle, WA

## Professional Information

**Present Employer (Company/Business Name):**

UW medicine valley medical center

**Business Address:**

4445 Talbot Rd S, Renton, WA 98055

**Job Title/Responsibilities:**

Lab manager

## Educational History

**Specify school attended, year of graduation and type of degree received.**

See below.

**High school or high school equivalence (G.E.D.):**

West Johnston high school

**Undergraduate:**

Seminole state college 2018 healthcare administration

**Graduate:**

Lsus shreveport 2020 healthcare administration

## **Background Information**

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

N/a

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

N/a

=====**END REPORT**=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:04:54 AM

---

Application 2

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 8:36 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119577>User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratories Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Hill-Taylor

**Legal First Name:**

Holly

**Legal Middle Name:**

Jane

**Preferred Name:**

Holly

**Date of Birth:**

8/22/1972

**Place of Birth:**

Louisiana, USA

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]



**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2005

**Number of years at current residence?**

9 years

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Quest Diagnostics

**Business Address:**

4230 Burnham Ave  
Las Vegas, NV 89119

**Job Title/Responsibilities:**

Quality Assurance Specialist

## Educational History

**Specify school attended, year of graduation and type of degree received.**

UNLV, 2009 BS Clinical Laboratory Science

**High school or high school equivalence (G.E.D.):**

N Buncombe High School, 1990, diploma

**Undergraduate:**

NCSU, 1995, BA Chemistry

**Graduate:**

NOT ANSWERED

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:05:06 AM

---

Application 3

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 7:06 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119576>User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical laboratory advisory committee

**Please specify which position on the board/commission you qualify for:**

Member

# Biographical Information

**Legal Last Name:**

LaCava

**Legal First Name:**

Debra

**Legal Middle Name:**

NOT ANSWERED

**Preferred Name:**

Deb

**Date of Birth:**

03/11/1967

**Place of Birth:**

Philadelphia

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**



**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2017

**Number of years at current residence?**

5

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

UMC Southern Nevada

**Business Address:**

1800 W. Charleston Blvd

Las Vegas NV 89102

**Job Title/Responsibilities:**

Laboratory Director

## Educational History

**Specify school attended, year of graduation and type of degree received.**

NOT ANSWERED

**High school or high school equivalence (G.E.D.):**

St Maria Goretti 1985 diploma

**Undergraduate:**

Thomas Jefferson University 1991 BSMT

**Graduate:**

University of Arizona 2022 MBA

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

Yes

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Tawny Chapman](#)  
**To:** [Nathan K. Orme](#); [Nikki Feister](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Wednesday, August 3, 2022 9:40:20 AM

---

Thank you,

Tawny Chapman  
Executive Assistant to Director Richard Whitley  
Nevada Department of Health and Human Services  
Director's Office  
400 W. King St, Ste 300 | Carson City, NV 89703

[www.dhhs.nv.gov](http://www.dhhs.nv.gov)

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Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting [www.nevada211.org](http://www.nevada211.org)

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**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, August 3, 2022 9:36 AM  
**To:** Tawny Chapman [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/120505>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratories Advisory Committee (MLAC)

**Please specify which position on the board/commission you qualify for:**

Medical Technologist with a General Supervisor certification

# Biographical Information

**Legal Last Name:**

Laverdure

**Legal First Name:**

Christopher

**Legal Middle Name:**

Ray

**Preferred Name:**

Chris

**Date of Birth:**

10/17/1986

**Place of Birth:**

Reno NV

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]



**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Washoe

**Since what year have you been a continuous resident of Nevada?**

2001

**Number of years at current residence?**

6

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Nevada State Public Health Laboratory

**Business Address:**

1660 N. Virginia St

Reno, NV 89503

**Job Title/Responsibilities:**

Microbiology Supervisor

## Educational History

**Specify school attended, year of graduation and type of degree received.**

UNR, 2011, Biology. New York Methodist School of Allied Health, 2013, Clinical Lab Sciences. UNR, 2021, MBA

**High school or high school equivalence (G.E.D.):**

Carson High

**Undergraduate:**

UNR 2011 Biology

**Graduate:**

UNR 2021 MBA

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Tawny Chapman](#)  
**To:** [Nathan K. Orme](#); [Nikki Feister](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Monday, August 8, 2022 3:56:52 PM

---

Thank you,

Tawny Chapman  
Executive Assistant to Director Richard Whitley  
Nevada Department of Health and Human Services  
Director's Office  
400 W. King St, Ste 300 | Carson City, NV 89703

[www.dhhs.nv.gov](http://www.dhhs.nv.gov)

Helping People. It's who we are and what we do.

Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting [www.nevada211.org](http://www.nevada211.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Monday, August 8, 2022 3:56 PM  
**To:** Tawny Chapman [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/121318>User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Lab Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Noyes

**Legal First Name:**

Taylor

**Legal Middle Name:**

Leigh

**Preferred Name:**

Taylor

**Date of Birth:**

09/01/1982

**Place of Birth:**

Omaha, NE

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Carson City

**Since what year have you been a continuous resident of Nevada?**

2011

**Number of years at current residence?**

7

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Renown Health

**Business Address:**

1155 Mill St

Reno, NV 89502

**Job Title/Responsibilities:**

Clinical Lab Manager

## Educational History

**Specify school attended, year of graduation and type of degree received.**

University of Nebraska Med Center, 2006, BS In Clinical Laboratory Science

**High school or high school equivalence (G.E.D.):**

Millard South

**Undergraduate:**

BS in Biology and BS in Clinical Laboratory Science

**Graduate:**

N/A

## **Background Information**

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Wednesday, July 27, 2022 5:17:31 PM

---

And another.

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 5:06 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119568>User's entries follow

---

# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratory Advisory Committee

**Please specify which position on the board/commission you qualify for:**

Committee Member

# Biographical Information

**Legal Last Name:**

Patoc

**Legal First Name:**

Kriz Anne

**Legal Middle Name:**

NOT ANSWERED

**Preferred Name:**

Krizzy

**Date of Birth:**

09/17/1992

**Place of Birth:**

Manila

**Ethnicity:**

Asian/Pacific Islander

**Are you U.S. Citizen:**

No

**If "No" explain:**

Permanent Resident

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]



**Phone:**



**County:**

Grayson

**Since what year have you been a continuous resident of Nevada?**

2019

**Number of years at current residence?**

1

**If less than 5 years, list the city you resided during the last 5 years:**

Ely

## Professional Information

**Present Employer (Company/Business Name):**

Wilson N Jones Regional Medical Center

**Business Address:**

500 N Highland Ave Sherman, TX

**Job Title/Responsibilities:**

Laboratory Manager

## Educational History

**Specify school attended, year of graduation and type of degree received.**

University of Santo Tomas, 2013, BS in Medical Technology

**High school or high school equivalence (G.E.D.):**

NOT ANSWERED

**Undergraduate:**

NOT ANSWERED

**Graduate:**

MBA - currently studying

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:06:00 AM

---

Application 6

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

---

**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Wednesday, July 27, 2022 5:36 PM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119570>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Appointment to position of trust

**Please specify which position on the board/commission you qualify for:**

Appointment to position of trust

# Biographical Information

**Legal Last Name:**

Pizzoferrato

**Legal First Name:**

Lara

**Legal Middle Name:**

Marie

**Preferred Name:**

NOT ANSWERED

**Date of Birth:**

10/26/1982

**Place of Birth:**

Las Vegas

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**

  
**County:**

Usa

**Since what year have you been a continuous resident of Nevada?**

2007

**Number of years at current residence?**

3

**If less than 5 years, list the city you resided during the last 5 years:**

Las Vegas

## Professional Information

**Present Employer (Company/Business Name):**

Centennial hills hospital

**Business Address:**

6900 north Durango drive

Las Vegas NV 89149

**Job Title/Responsibilities:**

Respiratory care practitioner

## Educational History

**Specify school attended, year of graduation and type of degree received.**

University of San Diego . BA 2005

**High school or high school equivalence (G.E.D.):**

NOT ANSWERED

**Undergraduate:**

University of San Diego

**Graduate:**

NOT ANSWERED

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Victor Van Horn](#)  
**To:** [Tawny Chapman](#)  
**Subject:** HAL Form Submission Notification  
**Date:** Wednesday, July 27, 2022 5:26:33 PM

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A new form has been submitted.

### DHHS - Application for Appointment to Position of Trust

To update the form please visit: <https://hal.nv.gov/submitted/119569>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**  
MLAC

**Please specify which position on the board/commission you qualify for:**  
General Supervisor

## Biographical Information

**Legal Last Name:**  
Qidwai

**Legal First Name:**  
Aamer

**Legal Middle Name:**  
M

**Preferred Name:**  
NOT ANSWERED

**Date of Birth:**  
07/01/1963

**Place of Birth:**  
Pakistan

**Ethnicity:**  
Asian/Pacific Islander

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

1999

**If "Yes", list place of birth:**

Pakistan

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2001

**Number of years at current residence?**

21

**If less than 5 years, list the city you resided during the last 5 years:**

Several

## **Professional Information**

**Present Employer (Company/Business Name):**

Southern Illinois Healthcare

**Business Address:**

405 W Jackson St  
Carbondale, IL 62901

**Job Title/Responsibilities:**

System Admin Director Path & Lab Svcs



# Educational History

**Specify school attended, year of graduation and type of degree received.**

University of Maryland Graduate degree Masters Health Administration

**High school or high school equivalence (G.E.D.):**

In Pakistan

**Undergraduate:**

Foreign Medical Graduate MBBS

**Graduate:**

MHA

# Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email

**From:** [Shannon Litz](#)  
**To:** [Nathan K. Orme](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Thursday, July 28, 2022 8:25:01 AM

---

One more.

Shannon Litz  
Public Information Officer  
Nevada Department of Health and Human Services  
Director's Office  
400 West King Street, Suite 300 | Carson City, NV 89703  
[REDACTED] | [DHHS.nv.gov](https://dhhs.nv.gov)  
NV Health Response COVID-19 website: [NVHealthResponse.nv.gov](https://NVHealthResponse.nv.gov)  
COVID-19 Vaccination Information: [NVCOVIDFighter.org](https://NVCOVIDFighter.org)

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**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Thursday, July 28, 2022 8:16 AM  
**To:** Shannon Litz [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/119583>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Committee Position (MLAC)

**Please specify which position on the board/commission you qualify for:**

Medical Laboratories Advisory Committee

# Biographical Information

**Legal Last Name:**

Singh

**Legal First Name:**

Sangeeta

**Legal Middle Name:**

Devi

**Preferred Name:**

Sanji

**Date of Birth:**

7/11/1973

**Place of Birth:**

Fiji Islands

**Ethnicity:**

Asian/Pacific Islander

**Are you U.S. Citizen:**

Yes

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

2007

**If "Yes", list place of birth:**

Fiji Islands

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]  
[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**

Clark

**Since what year have you been a continuous resident of Nevada?**

2007

**Number of years at current residence?**

6 months

**If less than 5 years, list the city you resided during the last 5 years:**

[REDACTED]

Henderson NV 89002/

[REDACTED]

Henderson NV 89002

## Professional Information

**Present Employer (Company/Business Name):**

University Medical Center

**Business Address:**

1800 W Charleston Blvd

Las Vegas

**Job Title/Responsibilities:**

Molecular Supervisor

## Educational History

**Specify school attended, year of graduation and type of degree received.**

Weber State University, Utah - 2016 - Bachelors in Laboratory Sciences.

**High school or high school equivalence (G.E.D.):**

High School (Fiji)

**Undergraduate:**

NA

**Graduate:**

NA

## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.

**From:** [Tawny Chapman](#)  
**To:** [Nathan K. Orme](#); [Nikki Feister](#)  
**Subject:** FW: HAL Form Submission Notification  
**Date:** Tuesday, August 2, 2022 5:11:14 PM

---

Thank you,

Tawny Chapman  
Executive Assistant to Director Richard Whitley  
Nevada Department of Health and Human Services  
Director's Office  
400 W. King St, Ste 300 | Carson City, NV 89703

[www.dhhs.nv.gov](http://www.dhhs.nv.gov)

Helping People. It's who we are and what we do.

Find help 24/7 by dialing 2-1-1; texting 898-211; or visiting [www.nevada211.org](http://www.nevada211.org)

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**From:** hal@admin.nv.gov <hal@admin.nv.gov>  
**Sent:** Tuesday, August 2, 2022 4:46 PM  
**To:** Tawny Chapman [REDACTED]  
**Subject:** HAL Form Submission Notification

A new form has been submitted.

**DHHS - Application for Appointment to Position of Trust**

To update the form please visit: <https://hal.nv.gov/submitted/120483>User's entries follow

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# Application for Appointment to Position of Trust

**Information submitted on this form may be subjected to public disclosure under NRS Chapter 239, Public Records. Note: All fields are required fields. If a field doesn't apply to you please enter N/A.**

**Applying for (Name of Board, Commission, Committee, Authority, General Area of Interest, or Specific Position of Trust):**

Medical Laboratories Advisory Committee

**Please specify which position on the board/commission you qualify for:**

General Supervisor

# Biographical Information

**Legal Last Name:**

Snook

**Legal First Name:**

Cheryl

**Legal Middle Name:**

Lynn

**Preferred Name:**

Cheryl

**Date of Birth:**

01/13/1982

**Place of Birth:**

Colorado, USA

**Ethnicity:**

Caucasian

**Are you U.S. Citizen:**

No

**If "No" explain:**

NOT ANSWERED

**If you are a naturalized citizen, date of naturalization:**

NOT ANSWERED

**If "Yes", list place of birth:**

NOT ANSWERED

**Are you a Veteran:**

No

**Residence Address:**

[REDACTED]

**Email:**

[REDACTED]

**Phone:**

[REDACTED]

**County:**  
Washoe

**Since what year have you been a continuous resident of Nevada?**

2013

**Number of years at current residence?**

9

**If less than 5 years, list the city you resided during the last 5 years:**

NOT ANSWERED

## Professional Information

**Present Employer (Company/Business Name):**

Northern Nevada Health System

**Business Address:**

2375 E. Prater Way Sparks NV 89434

**Job Title/Responsibilities:**

Laboratory Administrative Director

## Educational History

**Specify school attended, year of graduation and type of degree received.**

University of Denver, MBA 2009 and University of Northern Colorado, Bachelors in Chemistry 2004

**High school or high school equivalence (G.E.D.):**

High School Diploma from Galena High School 2000

**Undergraduate:**

Northern Colorado, bachelors in Chemistry 2004

**Graduate:**



## Background Information

If you answer "yes" to any question below, please mail explanations with the documents to be downloaded, printed and mailed in the section below.

**1. Have you ever had a grievance or complaint filed with any board that regulates your professional license(s), or had a professional license suspended, revoked or modified?**

No

**2. Are you or any organization that employs you a recipient of any state grant monies?**

No

**3. Is there anything in your past about which you think the Department of Health and Human Services should know?**

No

**If yes, please explain:**

NOT ANSWERED

**4. Are you aware of any conflict of interest that might result from your appointment?**

No

**5. Do you serve on any local or state board, commission, council, authority, or in any elected office?.**

No

**If yes, please list:**

NOT ANSWERED

=====END REPORT=====

Tired of too many email, you can update your form's setting to only receive a daily email.