

**REQUEST FOR RECONSIDERATION BY MEDICAL ADVISORY COMMITTEE
COMMONWEALTH OF KENTUCKY CABINET FOR HEALTH AND
FAMILY SERVICES
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS**

- Request to advocate before the Office for Children with Special Health Care Needs (OCSHCN) Medical Advisory Committee for reconsideration for appointment to the active medical staff.
- Request to advocate before OCSHCN Medical Advisory Committee for reconsideration of corrective action.

Name: (Last) _____ (First) _____ (MI) _____

Field of Practice _____

Office Address _____

City	State	Zip Code	Country
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Phone: _____ Email: _____

Reason/justification for reconsideration: (use back for additional space)

Printed Name

Signature

Date

Please return completed form and any supporting documentation to:

Attention: Medical Director
 Email: OCSHCNMedicalDirector@ky.gov
 Office for Children with Special Health Care Needs
 310 Whittington Parkway Suite 200 Louisville, KY 40222