



OFFICE OF ADMINISTRATIVE HEARINGS
 STATE OF CALIFORNIA
 SPECIAL EDUCATION DIVISION

Application
 Deadline:
**September 14,
 2015**

Fax to:
(916) 376-6319

Application for Advisory Committee

(Ed. Code § 56504.5, subd. (c)(8))

The Office of Administrative Hearings has established an Advisory Committee selected from persons who express an interest in serving on the committee. (Ed. Code, § 56504.5, subd (c)(8); Cal. Code Regs., tit. 5, § 3094; Interagency Agreement between the California Department of Education and the Office of Administrative Hearings.) The committee was established to assist OAH by providing non-binding recommendations for improvements to the special education hearing and mediation processes. The committee is composed of parents, advocates, attorneys, and school employees among others interested in the special education dispute resolution process. Membership on the committee is voluntary and members serve a two-year term. The committee is selected by OAH. For more information, please refer to the Special Education Advisory committee Membership information sheet.

If you wish to be a member of the committee, please complete and return the application below, along with a statement of interest summarizing your experience and interest in becoming a member of the committee. Applications must be received by 5:00 p.m. on September 14, 2015. Failure to submit a complete application or statement of interest may result in the application not being considered. Please submit the application and statement of interest via first class mail or facsimile to:

Office of Administrative Hearings
 Attention: Bob N. Varma, Division Presiding Administrative Law Judge
 2349 Gateway Oaks Drive, Suite 200
 Sacramento, CA 95833
 Fax: 916-376-6319

Please indicate your role by selecting an option below:

- Parent Student Student Advocate Attorney for Students
 Attorney for Districts District Employee Other, please describe:

Applicant Information	
First and Last Name	Title
Address	Employer
Email Address	Phone

By submitting this application, I confirm that I have read the Special Education Membership Information and understand the expectations of committee members. If selected to serve on the committee, I agree that I shall do my best to fulfill these expectations.

Date:

Signature: