

**Louisiana Asthma Management and Prevention (LAMP) Program
Member Nomination Form**



Nominees Information

Name of Nominee Fernando Urrego

Is this a self nomination? Yes No

If No, LASC Member Providing Nomination: Mark Perry

Phone (504) 428-9901 fax (504) 842-0084

Employer Ochsner Title Section Head, Ped Pulmonology

Company Address 1315 Jefferson Highway

Parish Jefferson Zip 70121

Email Address: furrigo@ochsner.org

Please check the option listed below that the nominee belongs to or is a member of: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Person Living With Asthma | <input checked="" type="checkbox"/> Healthcare Provider |
| <input type="checkbox"/> Caretaker/Parent | <input type="checkbox"/> Nurse (NP, RN, LPN) |
| <input type="checkbox"/> School District Personnel | <input type="checkbox"/> Allied Health Professional |
| <input type="checkbox"/> School Administrator, Faculty, Staff | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> School Nurse | <input checked="" type="checkbox"/> Medical Society - <u>FAAP, FCCP</u> |
| <input type="checkbox"/> Adolescent School Based Health | <input type="checkbox"/> Public Health Institute |
| <input type="checkbox"/> Staff at Community Based Organization | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Religious and/or Grassroots organization | <input type="checkbox"/> External State Agency Partner |
| <input type="checkbox"/> State or Local Government Staff | <input type="checkbox"/> Experts in Tobacco Control |
| <input type="checkbox"/> Environmentalist | <input type="checkbox"/> Head start |
| <input type="checkbox"/> Experts in interventions with specific populations | |
| <input type="checkbox"/> Advocacy Group | |
| <input type="checkbox"/> Other _____ | |

Please check the geographic location that the nominee domiciles in and serves: Check all that apply

- | | |
|--|---|
| <input checked="" type="checkbox"/> Region 1 (New Orleans) | <input type="checkbox"/> Region 6 (Alexandria) |
| <input type="checkbox"/> Region 2 (Baton Rouge) | <input type="checkbox"/> Region 7 (Shreveport) |
| <input type="checkbox"/> Region 3 (Houma) | <input type="checkbox"/> Region 8 (Monroe) |
| <input type="checkbox"/> Region 4 (Lafayette) | <input type="checkbox"/> Region 9 (Slidell/Hammond) |
| <input type="checkbox"/> Region 5 (Lake Charles) | <input type="checkbox"/> Statewide |

Specific population(s) nominee has experience (work-related or non work-related) with: Check all that

apply

- | | |
|---|--|
| <input checked="" type="checkbox"/> African Americans | <input type="checkbox"/> People with Less Than and High School Diploma |
| <input type="checkbox"/> Louisiana American Indians | <input checked="" type="checkbox"/> People with Low Incomes |
| <input type="checkbox"/> Asian/Pacific Islanders | <input checked="" type="checkbox"/> Underinsured |
| <input checked="" type="checkbox"/> Hispanic/Latino | <input checked="" type="checkbox"/> Uninsured |
| <input type="checkbox"/> Over 50 Population | <input type="checkbox"/> Other, _____ |

Please describe the experience of the nominee and reason for nomination, and/or other information that you believe would be helpful to your nominating committee

Asthma effort

Interest - asthma quality improvement

Please return form to: **Mark Perry, MPA**
Program Manager
Louisiana Asthma Management and Prevention Program
Email: mark.perry@la.gov
225-342-5839 Fax

Note: It is acceptable to nominate yourself.