



Title: Public Comment Form Policy Number 04

Annual approval date: July 20, 2022; Aug. 23, 2023; Jan. 15, 2025

Date issued: June 23, 2022

Dates reviewed: June 23, 2022; July 19, 2022; Aug. 23, 2023; Jan. 15, 2025

Public Comment Form

[Click on this link to fill out and submit a public comment form](#) to provide public comment orally or in writing and to disclose an interest or affiliation. Failure to complete this form does not disqualify a speaker from commenting. However, administrative staff will request the form be completed to assist with organization of public comment. Due to board meeting time constraints, only one person per organization will be added to the list of public comment speakers for each board meeting. Public comment will be posted to the PDAB website on the [board calendar and materials page](#).

Instructions: Please read all information and fill in areas with an asterisk (*). Submit the form no later than 24 hours before the PDAB meeting for oral comments and no later than 48 hours before the PDAB meeting for written comments. If you need assistance, call the PDAB office at 971-374-3724 or send an email to pdab@dcb.oregon.gov.

Here are the questions from the online public comment form. [Click on this link to fill out and submit a public comment form](#).

Commenter Information

1. Name (required)* - First and last name
2. Date (required)* - MM/DD/YYYY
3. Organization, if applicable (required)*
4. Topic/Drug (required)*
5. Email Address (required)*
6. Phone Number (Optional)
7. Are written comments submitted with this form? – Yes / No
8. Do you plan to offer oral comment (speak at the board meeting)? – Yes / No
9. Are you an employee, or volunteer of, or a lobbyist for, a pharmaceutical manufacturer, trade association, the health care industry, prescription drug supply chain, advocacy group, or other? – Yes / No. If yes, please identify the entity / organization:
10. If you are a researcher or clinician, do you currently receive grants or other funding from any pharmaceutical entity, advocacy group, or other? – Yes / No. If yes, please identify the entity:
11. Are you involved in or have you been involved in any research funded directly or indirectly from any pharmaceutical entity, advocacy group, or other? – Yes ? No. If yes, please describe the type of compensation:
12. Is there any other information about yourself that the board should know?