

**2022 NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A**

Type or Print Clearly

Full Name **Benjamin Chan**

Work Address **29 Hazen Drive, Concord, NH 03301**

Primary Occupation **State Epidemiologist, Physician**

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Work Phone **603-271-4612**

Name the office, position, board or commission, board of directors, etc. or employment with state or county government held by you: **NO ACRONYMS**

**State Epidemiologist**

**New Hampshire Department of Health and Human Services, Division of Public Health**

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. *Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.* (Use additional sheets as necessary.)

1. **Dartmouth-Hitchcock Medical Center (Lebanon, NH), Physician in the section of Infectious Diseases and International Health**
2. **Dartmouth-Hitchcock Medical Center (Lebanon, NH), Assistant Professor in the Leadership Preventive Medicine Residency**

If you have no qualifying income indicate by writing your initials next to the following statement:  

My income does not qualify

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

<input checked="" type="checkbox"/>	1. Any profession, occupation, or business licensed or certified by the State of New Hampshire. List each such profession, occupation, or category of business: <b>Medical Doctor (self), Registered Nurse (spouse)</b>	
<input checked="" type="checkbox"/>	2. Health Care	<input type="checkbox"/>
<input type="checkbox"/>	3. Insurance	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7. N.H. Retirement System	<input type="checkbox"/>
<input type="checkbox"/>	8. Current use land assessment program	<input type="checkbox"/>
<input type="checkbox"/>	12. Any business regulated by the Public Utilities Commission	<input type="checkbox"/>
<input type="checkbox"/>	16. Agriculture	<input type="checkbox"/>
<input type="checkbox"/>	17. N.H. Taxes:	<input type="checkbox"/>
<input type="checkbox"/>	4. Real Estate, including brokers, agent, developers, and landlords	<input type="checkbox"/>
<input type="checkbox"/>	5. Banking or financial services	<input checked="" type="checkbox"/>
<input type="checkbox"/>	6. State of New Hampshire, county, or municipal employment	<input type="checkbox"/>
<input type="checkbox"/>	9. Restaurants/ Lodging	<input type="checkbox"/>
<input type="checkbox"/>	10. Sale and distribution of alcoholic beverages	<input type="checkbox"/>
<input type="checkbox"/>	11. Practice of law	<input type="checkbox"/>
<input type="checkbox"/>	13. Horse or dog racing, or other legal forms of gambling	<input type="checkbox"/>
<input type="checkbox"/>	14. Education	<input type="checkbox"/>
<input type="checkbox"/>	15. Water Resources	<input type="checkbox"/>
<input type="checkbox"/>	18. <i>Optional:</i> Specify any other area in which you have a special interest ----	<input type="checkbox"/>

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief. **RSA 15-A:9 Penalty.** Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor.

Date **3/7/2022**

Signature of Filer

