

CalOptima

Board of Directors

Application

CalOptima is a separate legal, public entity from the County of Orange; however, the composition of CalOptima's Board of Directors is governed by the County's Health Authority Ordinance. Therefore, the County's Health Care Agency conducts recruitments for the CalOptima Board of Directors and appointments are made by the Orange County Board of Supervisors.

General Instructions: Type or print clearly. Please identify which of the following position or positions on the CalOptima Board of Directors in which you are applying to serve under this application:

- ☐ Current hospital administrator or is a former hospital administrator
- ☐ Licensed medical provider in current practice and who is not an owner or officer or a member of the board of directors of:
 - a) A contracted independent physician's association; or,
 - b) A health network
- ☐ Licensed physician in current practice and who is also a representative of a contracted independent physician's association or health network
- ☐ Legal resident of Orange County
- ☐ Person with prior health care system experience preferred who has professional accounting experience, professional public finance experience, or is an actively-licensed attorney
- ☐ A representative of a community clinic
- ☐ A current CalOptima member or is a family member of a current CalOptima member. For the purposes of this subdivision, "family member" means a parent, sibling, foster parent, or legal guardian of a CalOptima member

Please sign the application on page 2 and attach a resume and any other information you would like considered as part of your application.

Name:

Home Address:

Street:

City:

State:

Zip:

Home Phone:

Fax:

Occupation/Title:

Business Address:

Street:

City:

State:

Zip:

Business Phone:

Fax:

Education: Please check the box with the highest level of education and list corresponding information.

- ☐ High School
- ☐ College or University
- ☐ Training/Trade School

Name:

Name:

Name:

Level/Degree:

Level/Degree:

Level/Degree:

- ☐ Advanced Degree
☐ Other Education/Training:

Name:

Level/Degree:

Employment: List two most recent places of employment.

Employer:

Position:

From: To:

Employer:

Position:

From: To:

Professional/Community/Volunteer Organization Membership: List relevant organizations.

Organization:

Type of Organization:

Offices Held:

Organization:

Type of Organization:

Offices Held:

List any contracts and/or financial interests that you have with healthcare providers:

Briefly explain your qualifications for each position for which you are applying and why you wish to serve on the CalOptima Board of Directors:

By signing below you certify that you meet the requirements of the County's Ordinance for the position(s) in which you are applying to serve on the CalOptima Board of Directors.

Application materials and resume must be delivered to the address listed below no later than 5 p.m. on April 15, 2016:

Health Care Agency, Attn: Donna Grubaugh
405 W. 5th St., Ste. 458
Santa Ana, CA 92701

Signature: _____ Date: _____

