







CalOptima Health is a separate legal, public entity from the County of Orange; however, the composition of CalOptima Health'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 Health Board of Directors and appointments are made by the Orange County Board of Supervisors.

CalOptima Health Board o	f Directors in which you	ı are applying to serve unde		or positions on the ion:	
 One person who is a current hospital administrator or is a former hospital administrator. One person who is a practicing licensed medical provider who is not an owner or officer or a member of the board of directors of a contracted independent physician's association or provider network. One person who is a practicing licensed physician and who is also a representative of a contracted independent physician's association or health network. One person of a member of the public who is a legal resident of Orange County. One person who is an accounting or public finance professional, or an attorney who is an active member of the State of California bar. One person who is a representative of a community clinic, which may include, but is not limited to, a representative of a federally qualified health center. One person who is a current CalOptima Health member or is a family member of a current CalOptima Health member. For the purposes of this subdivision, "family member" means a parent, sibling, foster parent, or legal guardian of a CalOptima Health member. 					
Please sign the application as part of your application.		a resume and any other info	ormation you v	would like considered	
Name:		Occupation/Title:			
Name: Home Address:		Occupation/Title: Business Address:			
		·			
Home Address: Street:	ate: Zip:	Business Address:	State:	Zip:	
Home Address: Street:	ate: Zip: Fax:	Business Address: Street:		Zip: Fax:	
Home Address: Street: City: Sta	Fax:	Business Address: Street: City:		Fax:	
Home Address: Street: City: Sta	Fax:	Business Address: Street: City: Business Phone:		Fax: onding information:	
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Home Address: Street: City: Sta Home Phone: Education: Please check	Fax: the box with the high Name:	Business Address: Street: City: Business Phone:	l list correspo Level/Deç	Fax: conding information: gree: gree:	
Home Address: Street: City: Sta Home Phone: Education: Please check High School College or University	Fax: the box with the high Name: Name:	Business Address: Street: City: Business Phone:	d list correspo Level/Deo Level/Deo	Fax: conding information: gree: gree: gree:	

Employment: List two most recent places of employ	vment:			
Employer:	Employer:			
Position:	Position:			
From: To:	From: To:			
Professional/Community/Volunteer Organization Membership: List relevant organizations:				
Organization:	Organization:			
Type of Organization:	Type of Organization:			
Offices Held:	Offices Held:			
List any contracts and/or financial interests that you	Thave with ficultivate providers.			
Briefly explain your qualifications for each position	for which you are applying and why you wish to sorve			
Briefly explain your qualifications for each position for which you are applying and why you wish to serve on the CalOptima Health Board of Directors:				

OC Health Care Agency Attn: James Kim 405 W. 5th Street, Suite 710 Santa Ana, California 92701

Signature: Date:



