

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:

Licensed physician in current practice and who is also a representative of a contracted independent physician's association or health network.

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:		Occupation/Title:				
Home Address:			Business Address:			
Street:		Street:				
te:	Zip:	City:	S	State:	Zip:	
Fax:		Business Phone:		F	ax:	
Education: Please check the box with the highest level of education and list corresponding information:						
Name:		Level/Degree:				
Name:		Level/Degree:				
Name:		Level/Degree:				
Name:			Level/Degree:			
Other Education/Training:						
Employment: List two most recent places of employment:						
Employer:			Employer:			
Position:			Position:			
		From:	To:			
Professional/Community/Volunteer Organization Membership: List relevant organizations:						
Organization:			Organization:			
Type of Organization:			Type of Organization:			
Offices Held:			Offices Held:			
	the box of Name: Name: Name: g: ost recen	Fax: the box with the highest level Name: Name: Name: Name: g: post recent places of employ	Business Address Street: Street: City: Fax: Business Phone: The box with the highest level of education at Name: Na Name	Business Address: Street:   Street: Street:   te: Zip: City: S   Fax: Business Phone: S   the box with the highest level of education and list Name: Name: S   Name: Name: S S S   Name: Name: S S S   ost recent places of employment: Employer: S S   Position: From: To: S   Volunteer Organization Membership: List reterent of Organization: Type of Organization: S	Business Address: Street: te: Zip: City: State: Fax: Business Phone: F the box with the highest level of education and list correspond Name: Level/Degr Name: Level/Degr Name: Level/Degr Name: Level/Degr Name: Level/Degr Name: Level/Degr Name: Level/Degr Name: From: To: Volunteer Organization Mebrship: List relevant organization Type of Organization:	

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 or email listed below, please check the website to confirm the recruitment period as the application will close 24 hours before the Selection Panel Meeting.

**OC Health Care Agency, Attn: Torhon Barnes** 405 W. 5<sup>th</sup> St., Ste. 716, Santa Ana, CA 92701

tbarnes@ochca.com https://www.ochealthinfo.com/about-hca/directors-office/caloptima

Signature:



CalOptima Better. Together.

Date:

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