



CalOptima Health

Board of Directors Application



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.

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

- ☐ One person who is a current hospital administrator or is a former hospital administrator.
- ☐ One person who is a licensed medical provider in current practice and who is not an owner of office or a member of the board of directors of:
 - a.) a contracted independent physician's association or health network.
- ☐ One person who is a licensed physician in current practice and who is also a representative of a contracted independent physician's association or health network.
- ☐ One person of the public who is a legal resident of Orange County.
- ☐ One person shall be an accounting or public finance professional, or an attorney who is an active member of the state 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 on page 3 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:

City:

State:

Zip:

City:

State:

Zip:

Home Phone:

Fax:

Business Phone:

Fax:

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

- ☐ High School Name: Level/Degree:
- ☐ College or University Name: Level/Degree:
- ☐ Training/Trade School Name: Level/Degree:
- ☐ Advanced Degree Name: Level/Degree:
- ☐ Other Education/Training:

Employment: List two most recent places of employment:

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 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 Health Board of Directors:

OC Health Care Agency, Attn: James Kim
405 W. 5th St., Ste. 710
Santa Ana, CA 92701

Signature:

Date:

