



# 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.

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:           |        |      |
| 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:**

|  |       |               |
|--|-------|---------------|
| <input type="checkbox"/> High School               | Name: | Level/Degree: |
| <input type="checkbox"/> College or University     | Name: | Level/Degree: |
| <input type="checkbox"/> Training/Trade School     | Name: | Level/Degree: |
| <input type="checkbox"/> Advanced Degree           | Name: | Level/Degree: |
| <input type="checkbox"/> 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 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 June 28, 2021:

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

Signature:

Date:

