File	No.	12034	I
		10,00	,

Committee Item No	4
Board Item No.	'

## **COMMITTEE/BOARD OF SUPERVISORS**

**AGENDA PACKET CONTENTS LIST** 

Committee:	Rules	Date	2/21/13
Board of Su	pervisors Meeting	Date	
Cmte Boa	rd		
	Motion Resolution Ordinance Legislative Digest Budget Analyst Report Legislative Analyst Report Legislative Analyst Report Youth Commission Report Introduction Form (for his Department/Agency Cov MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application Public Correspondence	ort earings)	port
OTHER  O O		- · · · · · · · · · · · · · · · · · · ·	
Completed k	y: Linda Wong		13

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



# Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714



## Application for Boards, Commissions and Committees

Application for Appointment to: SF Hea	alth Authority and SF Community Healt Name of Board, Commission, Com	h Authority mittee, or Task Force
Seat # or Category (If applicable): n/a	seat3	
Name: Susan A. Currin		
Home Address: — Amigo Lane, Wal	nut Creek, CA	Zip: 94596
Home Phone: (925)	Occupation: Chief Executive	Officer
Work Phone: (415) 206-3517	Employer: City & County of S	SF, DPH, San Francisco General Hospital
Business Address: 1001 Potrero Aver	nue, San Francisco, CA	Zip: 94110
Check All That Apply:		
A citizen of the United States.	At least 18 years old or	n or before Election Day.
Not in prison or on parole for a felony	conviction	
A resident of San Francisco Yes:	No: (Place of Residence): Wal	nut Creek, CA
Please state your qualifications (attack	h supplemental sheet if necessary)	
Resume attached.		
	•	
Education:	M. Markey of Orionae Numica	
University of California, San Francisco, C San Francisco State University, San Fran		sing
Business and/or professional experier	nce:	
30+ years with the Department of Public	Health San Francisco	
Civic Activities:		
<ul><li>Chair, San Francisco Hospital Council</li><li>Executive Board, CAPH</li></ul>		
- Board Member, San Francisco General	Hospital Foundation	
Ethnicity: (optional) Irish and Japanese	e Sex (optional)	M
Have you attended any meetings of the	ne Board/Commission to which you	wish appointment? ☑ Yes ☐ No
For appointments by the Board of Supany appointment can be made. (Applied		ULES COMMITTEE is a requirement before e scheduled hearing.)
(Please Note: Once completed, this	form, including all attachments,	, become public record)
Date: 2-2-12 Applican  Please Note: Your application will be retained	nt's Signature: (required)	mal. aum
FOR OFFICE USE ONLY:		
Appointed to Seat #: Term	n Expires: Date	Seat was Vacated:

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received

Plea	ase type or print in Ink.				o o
NAM	NE OF FILER (LAST)		(FIRST)		(MIDDLE)
Cl	URRIN	SUSAN	<u> </u>	*.	Α.
1. (	Office, Agency, or Court				· · · · · · · · · · · · · · · · · · ·
	Agency Name				
	DEPARTMENT OF PUBLIC HEALTH				
	Division, Board, Department, District, if applicable		Your Position	<del>_</del>	
	SAN FRANCISCO GENERAL HOSPITAL		CHIEF EXEC	UTIVE OFFICE	R
	▶ If filing for multiple positions, list below or on an attachme	ent.			
	Agency: SAN FRANCISCO HEALTH AUTHOR	ITY	Position: BOARI	D MEMBER	
2.	Jurisdiction of Office (Check at least one box)				
	☐ State		☐ Judge or Court C	ommissioner (State	vide Jurisdiction)
	Multi-County		County of SAN	FRANCISCO	
	RAN EDANICISCO				
	X Gity of				
3.	Type of Statement (Check at least one box)				
	Annual: The period covered is January 1, 2011, throug December 31, 2011.	gh	Leaving Office: (Check one)	Date Left/_	
	The period covered is/	, through	O The period of leaving office		, 2011, through the date of
	Assuming Office: Date assumed/		O The period of the date of le		, through
	Candidate: Election Year Off	ice sought, if different	than Part 1:	· · · · · · · · · · · · · · · · · · ·	
4.	Schedule Summary				
	Check applicable schedules or "None."	► Total nut	mber of pages in	cluding this co	ver page:
	Schedule A-1 - Investments - schedule attached	⊓ s	Schedule C - Income,	Loans, & Business	Positions - schedule attached
	Schedule A-2 - Investments - schedule attached		Schedule D - <i>Income</i>		
	Schedule B - Real Property - schedule attached		schedule E - Income	~ Gifts – Travel Pa	yments - schedule attached
		-or-		-	•
	⊠ None - No	reportable interests of	n any schedule		
<u>5.</u>	Verification			*	
	MAILING ADDRESS STREET	CITY		STATE	ZIP CODE
	(Business or Agency Address Recommended - Public Document)	SAN FRAM	VCISCO	·CA	94110 ·
	1001 POTRERO AVENUE, SUITE 2A5 DAYTIME TELEPHONE NUMBER		AIL ADDRESS (OPTIONAL)		01110
	( 415 ) 206-3517	s	ue.currin@sfdph	.org	
	I have used all reasonable diligence in preparing this statem herein and in any attached schedules is true and complete.	ent. I have reviewed	this statement and to is a public document.	the best of my know	riedge the information contained
	I certify under penalty of perjury under the laws of the			true and correct.	$\wedge$ .
	Date Signed March 13, 2012	Signa	me Surge	W U - L	with your fling official)
	(month, day, year)		tr ne un	. with the sail of the sail and	



## Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714



## Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco	o Health Authority dba San Francisco Health Pl Name of Board, Commission, Committee, or Task F	an orce
Seat # or Category (If applicable): 5		
Name: Allen Meyer		
Home Addresr — , Bush Street, #311, San	Francisco, CA	Zip: 94109
Home Phone: 415/	Occupation: Health care administrator	
Work Phone: 415/355-2226	Employer: San Francisco Community Clinic	Consortium (SFCCC)
Business Address: 1550 Bryant Street, #450	, San Francisco, CA	Zip; 94103
Check All That Apply:		
A citizen of the United States.	At least 18 years old on or before Elec	ction Day. 🔽
Not in prison or on parole for a felony convic	etion 🗹	
A resident of San Francisco 📝 Yes: 🗌	No: (Place of Residence):	
Please state your qualifications (attach supp	ol emental sheet if necessary)	
I have worked for San Francisco non-profits for health services, e.g., Health Care for the Home	more than 25 years and have experience adm less, Ryan White HIV services, Healthy San Fr	inistering community-based ancisco
Education:		
J.D University of California, Berkeley, School B.A College of the Holy Cross, Worcester, M.		
Business and/or professional experience:	•	
SFCCC: 1988 to Now - Vice President, Program 2005 to Now - Director; Larkin Street Youth Ce		
Civic Activities:		
Prior service with Coalition on Homelessness, S HIV Health Services Planning Council: Membe		RIC: Board Member; SF
Ethnicity: (optional) Non-Latino	Sex (optional) M 📝 F	
Have you attended any meetings of the Bo	ard/Commission to which you wish appoint	ment? ☑Yes ☐ No
For appointments by the Board of Supervis any appointment can be made. (Applications (Please Note: Once completed, this form	must be received 10 days before the scheduled hea	aring.)
Date: 11/21/2012 Applicant's S	ignature: (required) <u>Q l l v</u> e year.	meyer
FOR OFFICE USE ONLY: Appointed to Seat #: Term Exp 10/20/09	pires: Date Seat was Va	cated:

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

	se type or print in ink.	(LAST)	<del></del>	(FIRST)		(MIDDLE)
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-	Office, Agency, or Court				-	· · · · · · · · · · · · · · · · · · ·
	Agency Name San Francisco Health Plan					
	Division, Board, Department, District			Your Position		
ı	DIVISION, BOBRU, Department, Distric	ц п аррисавле		Board App	licant	
-						
	▶ If filing for multiple positions, list	below or on an attachr	ment			
	Agency:			Position:		
	Agency:			, Collida		
2.	Jurisdiction of Office (Ch	eck at least one box)				
	☐ State			☐ Judge or Co	ourt Commissioner (St	atewide Jurisdiction)
	Multi-County			County of	San Francisco	
	City of			C Other		
<del>3.</del>	Type of Statement (Check	at least one box)				
	Annual: The period covered		ough	☐ Leaving O	ffice: Date Left	
	December 31, 2012.		<b>.</b>	(Check one	9)	
	-pr- The period covered December 31, 2012.	is/	, through	O The per leaving		ry 1, 2012, through the date of
	Assuming Office: Date assu		2013		riod covered ise of leaving office.	_/, through
	Candidate: Election year	ar	nd office sought, if	different than Part 1:		
4.	Schedule Summary					• • •
	Check applicable schedules or	"None."	➤ Total	number of page	es including this	cover page: 2
	Schedule A-1 - Investments	- schedule attached				ness Positions – schedule attached
•	Schedule A-2 - Investments			<del></del>	come - Gifts - sched	
	Schedule B - Real Property		į	_		l Payments – schedule attached
			-Or-			
		☐ None - /	No reportable intere	ests on any schedule	·	
5.	Verification					
	MAILING ADDRESS STRE		CITY		STATE	ZIP CODE
	(Business or Agency Address Recommend 1550 Bryant Street, #450		San Francis	900	CA	94013
•	DAYTIME TELEPHONE NUMBER	,	Out Traile	E-MAIL ADDRESS (OP)		
	( 415 ) 355-2226			ameyer@sfcc	c.org	
	I have used all reasonable diligen herein and in any attached sched	ce in preparing this state	ement. I have revie ete, I acknowledge	ewed this statement a this is a public docu	and to the best of my ument.	knowledge the information contains
	I certify under penalty of perju					ect.
	04/05/0040				lle m	muiz.
	Date Signed 01/25/2013		_	Signature	(Ella the evidently along a sta	ternent with your filing official.)
	(mont	h, day, year)		·	(rue ine onginally signed sta	канов, жи учи вину онкласт

## SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 70  FAIR POLITICAL PRACTICES COMMISSION	
Name	
Meyer, Allen M.	
Meyer, Allen M.	

San Francisco Community Clinic Consortium    San Francisco Community Clinic Consortium		NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)		11
1550 Bryant St., #450, San Francisco, CA 94103  IUSINESS ACTIVITY, IF ANY, OF SOURCE Health care advocacy and administration  Your Business Position  Wice President, Programs; AHEC Director  GROSS INCOME RECEIVED    \$500 - \$1,000		
BUSINESS ACTIVITY, IF ANY, OF SOURCE Health care advocacy and administration  OUR BUSINESS POSITION  VICE President, Programs; AHEC Director  GROSS INCOME RECEIVED    \$500 - \$1,000		<b>1</b>
Health care advocacy and administration  From Business Position  Vice President, Programs; AHEC Director  RROSS INCOME RECEIVED    \$500 - \$1,000		
YOUR BUSINESS POSITION   YOUR BUSINESS INCOME RECEIVED   \$500 - \$1,0000   \$10,001 - \$10,0000   \$10,000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,001 - \$10,0000   \$10,000		
Vice President, Programs; AHEC Director  SROSS INCOME RECEIVED  \$500 - \$1,000		
GROSS INCOME RECEIVED    \$500		
\$500 - \$1,000	Vice President, Programs, Affector	VIOS FIGSIGNIC, FIGSIGNIC, VIII DI DI DICE.
\$10,001 - \$100,000	ROSS INCOME RECEIVED	
Consideration For Which Income   Was received   Consideration For Which Income   Salary   Spouse's or registered domestic partner's income   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Rental income, isst each source of \$10,000 or me   Commission or   Commi	<u>-</u>	
Salary   Spouse's or registered domestic partner's income   Loan repayment   Partnership   Sale of   Rental Income, that each source of \$10,000 or more   Sale of   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Other   Travel payments - normal course of employees   Travel payments - normal cou	☐ \$10,001 - \$100,000	☐ \$10,001 - \$100,000 ☐ GVER \$100,000
Loan repayment   Partnership   Loan repayment   Partnership   Sale of   Real property, car, boat, etc.)   Sale of   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or	CONSIDERATION FOR WHICH INCOME_WAS_RECEIVED	
Sale of	Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or more   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or   Rental Income, that each source of \$10,000 or   Commission or	Loan repayment Partnership	Loan repayment Partnership
Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or more   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Rental Income, itst each source of \$10,000 or   Commission or   Commis	Sale of	Sale of
Other	(Real property, car, boat, etc.)	(Real property, car, boat, etc.)
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD  *You are not required to report loans from commercial lending institutions, or any indebtedness created as part retail installment or credit card transaction, made in the lender's regular course of business on terms available members of the public without regard to your official status. Personal loans and loans received not in a lender regular course of business must be disclosed as follows:  **NAME OF LENDER**  **INTEREST RATE**  **INTEREST	Commission or Rental Income, itst each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or mo
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD  *You are not required to report loans from commercial lending institutions, or any indebtedness created as part retail installment or credit card transaction, made in the lender's regular course of business on terms available members of the public without regard to your official status. Personal loans and loans received not in a lender regular course of business must be disclosed as follows:  **NAME OF LENDER**  **INTEREST RATE**  **INTEREST		
Other (Describe)  2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD  *You are not required to report loans from commercial lending institutions, or any indebtedness created as part retail installment or credit card transaction, made in the lender's regular course of business on terms available members of the public without regard to your official status. Personal loans and loans received not in a lender regular course of business must be disclosed as follows:  **NAME OF LENDER**  **INTEREST RATE**  **INTEREST		Travel payments - normal course of employ
2. LOANS RECEIVED OR QUISTANDING DURING THE REPORTING PERIOD  * You are not required to report loans from commercial lending institutions, or any indebtedness created as part retail installment or credit card transaction, made in the lender's regular course of business on terms available members of the public without regard to your official status. Personal loans and loans received not in a lende regular course of business must be disclosed as follows:  NAME OF LENDER'  INTEREST RATE  TERM (Months/Years)  **  **  **  **  **  **  **  **  **	Other	
* You are not required to report loans from commercial lending institutions, or any indebtedness created as part retail installment or credit card transaction, made in the lender's regular course of business on terms available members of the public without regard to your official status. Personal loans and loans received not in a lende regular course of business must be disclosed as follows:  NAME OF LENDER*  INTEREST RATE  TERM (Months/Years)  ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  Real Property  Street address  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000		
ADDRESS (Business Address Acceptable)  SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  Real Property  Street address  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  OVER \$100,000		•
SECURITY FOR LOAN  BUSINESS ACTIVITY, IF ANY, OF LENDER  Real Property  Street address  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$10,001 - \$100,000  OVER \$100,000	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed.	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE  TERM (Months/Years)
Real Property   Street address	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed of LENDER*	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lende lows:  INTEREST RATE  TERM (Months/Years)
Real Property   Street address	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed of LENDER*	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lende lows:  INTEREST RATE  None  None
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  Guarantor  Other \$100,000	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed or LENDER.  ADDRESS (Business Address Acceptable)	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lende lows:  INTEREST RATE
☐ \$500 - \$1,000     City       ☐ \$1,001 - \$10,000     ☐ Guarantor       ☐ OVER \$100,000     ☐ Other	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed or LENDER.  ADDRESS (Business Address Acceptable)	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lende lows:  INTEREST RATE  Wone  SECURITY FOR LOAN  Personal residence
\$1,001 - \$10,000 Guarantor	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed on the course of business must be disclosed as followed on the course of business must be disclosed as followed on the course of business acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE TERM (Months/Years)
\$10,001 - \$100,000  OVER \$100,000	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed on the public without regard to your official regular course of business must be disclosed as followed on the public without regard to your official regular course of business activity.  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  HIGHEST BALANCE DURING REPORTING PERIOD	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE TERM (Months/Years)
OVER \$100,000	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed on the public without regard to your official regular course of business must be disclosed as followed on the public without regard to your official regular course of business must be disclosed as followed on the public without regular public pu	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lende lows:  INTEREST RATE TERM (Months/Years)
. 000	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business activity, if any, of lender  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lenderlows:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
(Describe)	You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business acceptable.  **BUSINESS ACTIVITY, IF ANY, OF LENDER**  **HIGHEST BALANCE DURING REPORTING PERIOD**  **\$\$\text{\$\tex	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE TERM (Months/Years)  ———————————————————————————————————
	* You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business activity, if any, of Lender  **HIGHEST BALANCE DURING REPORTING PERIOD**    \$500 - \$1,000   \$1,001 - \$10,000   \$10,001 - \$10,000	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE TERM (Months/Years)
	* You are not required to report loans from commercial retail installment or credit card transaction, made in members of the public without regard to your official regular course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business must be disclosed as followed by the course of business activity, if any, of Lender  **HIGHEST BALANCE DURING REPORTING PERIOD**    \$500 - \$1,000   \$1,001 - \$10,000   \$10,001 - \$10,000	al lending institutions, or any indebtedness created as part the lender's regular course of business on terms available status. Personal loans and loans received not in a lender lows:  INTEREST RATE TERM (Months/Years)



# San Francisco Community Clinic Consortium 1550 Bryant Street, Sulte 450 · San Francisco, CA 94103 · Phone 415/355-2222 · Fax 415/865-9960 · www.sfccc.org

November 19, 2012

John F. Grgurina, Jr. Chief Executive Officer San Francisco Health Authority 201 3<sup>rd</sup> Street, 7<sup>th</sup> Floor San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(k),(1),(D) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Allen Meyer, JD, to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Ana Valdes, M.D.

Chair, Board of Directors

San Francisco Community Clinic Consortium



### Board of Supervisors City and County of San Francisco 1 Dr. Carlton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714



## Application for Boards, Commissions and Committees

Application for Appointment to: San Francisco	o Health Authority Governing Board Name of Board, Commission, Committee, or Task Fo	orce
Seat # or Category (If applicable): Seat (		
Name: Eddie W. Chan		
Home Address Avondale Road		Zip: 94010
Home Phone: (650)	Occupation: President & CEO	
Work Phone: (415) 391-9686	Employer: North East Medical Services (NEM	IS)
Business Address: 1520 Stockton Street		Zip:
Check All That Apply:		42
A citizen of the United States.	At least 18 years old on or before Elect	ion Day. 🔽
Not in prison or on parole for a felony convic	tion 🔽	
A resident of San Francisco Yes:	No: (Place of Residence): Hillsborough, CA	
Please state your qualifications (attach supp	plemental sheet if necessary)	
Board member and representative of San France	sisco Community Clinic Consortium	
Education:		
BS, University of California, Berkeley Pharm. D, University of California, San Francisco	oo.	
Business and/or professional experience:	· · · · · · · · · · · · · · · · · · ·	
Clinical Operations Manager for Kaiser Perman	ente in South San Francisco, CA; President & C	EO of NEMS
Civic Activities:		
Ethnicity: (optional)	Sex (optional) M F	
Have you attended any meetings of the Boa	<del></del>	ient? ✓ Yes ☐ No
For appointments by the Board of Supervisor any appointment can be made. (Applications (Please Note: Once completed, this form Date: 2/7/2012 Applicant's Sipplease Note: Your application will be retained for one	must be received 10 days before the scheduled hear , including all attachments, become pub- ignature: (required)	ng.)
FOR OFFICE USE ONLY: Appointed to Seat #: Term Expi	res: Date Seat was Vaca	ited:



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Please type or print in ink.  AME OF FILER	(LAST)		(FIRST)	والمناوات والمناسبة والمناسبة	(MIDDLE)
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. Office, Agency, or	Court	<del> </del>			·
Agency Name					
	ilth Plan Governing Board		Board Memb	er	
Division, Board, Departm	ent, District, if applicable		Your Position		
► If filing for multiple po	sitions, list below or on an attachment.				
Agency:			Position:		
2. Jurisdiction of O	ffice (Check at least one box)				
State		. !	Judge or Court	Commissioner (State	ewide Jurisdiction)
<del>_</del>			County of		
San Francisco	cisco		☐ Other		
Z City of					
3. Type of Statemer	1t (Check at least one box)				
	d covered is January 1, 2011, through r 31, 2011.		Leaving Office (Check one)	e: Date Left	
	d covered is	through	<ul> <li>The period leaving office</li> </ul>		1, 2011, through the date of
Assuming Office:	Date assumed	_		covered is/_	, through
Candidate: Election	on Year Office so	ught, if different	than Part 1:		
4. Schedule Summ		. Total mu	wher of nodos	including this c	over page:
Check applicable sche	edules or "None."				
	vestments - schedule attached				ss Positions - schedule attache
	vestments – schedule attached			ne – Gifts – scheduk	e attached Payments – schedule attached
Schedule B - Rea	I Property - schedule attached	<b>□</b> ;	Schedule E - Incom	ile – Gills – Haver F	ayments - schedule attached
•	-or-		on any schedule		
5. Verification					
MAILING ADDRESS	STREET Recommended - Public Document)	CITY		STATE	ZIP CODE
1520 Stockton S		San Franc	cisco	CA	94133
DAYTIME TELEPHONE NUM		E-M	AAIL ADDRESS (OPTION	AL)	
( 415 ) 391-96	86		<del></del>		
herein and in any atta	able diligence in preparing this statement. I ched schedules is true and complete. I ac	knowledge this	is a public docume	nt.	
I certify under penalt	y of perjury under the laws of the State	of California t	hat the foregoing	is true and correct	r
5 ( 0)	3/26/12	Signa	ature Zds	die Cha	n_
Date Signed	(nlorith, day, year)	Siffic	(File	e the originally signed statem	ent with your filing official.)

# SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFOR	RNIA FO	RM	<b>700</b>
FAIR POLITIC	AL PRACTI	CES COL	MOISSIM
Name			

AN Francisco  IR MARKET VALUE   FAPPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$10,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$100,000   \$10,001 - \$1	TOTAL PROPERTY, GROSS INCOME S1,000   31,001 - \$10,000   310,001 - \$100,000   310,001 - \$100,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$1,000,000   310,001 - \$10,000   31	075-3077 Market Street	
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IR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$	RARKET VALUE   F APPLICABLE, LIST DATE: \$2,000 - \$10,000   \$10,000   \$10,000 - \$10,000   \$10,000		
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ATURE OF INTEREST   Ownership/Deed of Trust	NATURE OF INTEREST	\$100,001 - \$1,000,000 ACQUIRED DISPOSED	
Ownership/Deed of Trust	Ownership/Deed of Trust	Over \$1,000,000	Over \$1,000,000
Ownership/Deed of Trust	Ownership/Deed of Trust	ATURE OF INTEREST	NATURE OF INTEREST
Leasehold	Leasehold	Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Vis. remaining	Yrs. remaining		
RENTAL PROPERTY, GROSS INCOME RECEIVED  \$0.\$499	IF RENTAL PROPERTY, GROSS INCOME RECEIVED   \$0.5499   \$500.51,000   \$1,001.510,000   \$1,0		
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\$ 10,001 - \$100,000	\$0.5499	RENTAL PROPERTY, GROSS INCOME RECEIVED	
OURCES OF RENTAL INCOME: If you own a 10% or greater laterest, list the name of each tenant that is a single source of income of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater laterest, list the name of each tenant that is a single source of income of \$10,000 or more.  You are not required to report loans from commercial lending institutions made in the lender's regular course obusiness on terms available to members of the public without regard to your official status. Personal loans a loans received not in a lender's regular course of business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE  TERM (Months/Years)  Whighest BALANCE During REPORTING PERIOD  HIGHEST BALANCE During REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000	SOURCES OF RENTAL INCOME: If you own a 10% or greater erest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of some of \$10,000 or more.  SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source interest, list the name of each tenant that is a single source income of \$10,000 or more.	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	
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Here for you

January 8, 2009

Kay Gilbengay Interim Clerk of the Board Board of Supervisor Office 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Dear Ms. Gilbengay:

The purpose of this letter is to initiate compliance with San Francisco Administrative Code Sections 69.1 et seq. which requires the Board of Supervisors to make appointments to the Governing Body of the San Francisco Health Authority. Chapter 69 was added to the San Francisco Administrative Code to define the purposes, powers and responsibilities of the San Francisco Health Authority and to establish the procedures for appointment of the governing body.

201 Third Street, 7th Floor • San Francisco, CA 94103

(415) 547-7800 • FAX (415) 547-7821 • www.sfhp.org

I certify to you that Eddie Chan, as President & CEO for North East Medical Services, is qualified to be appointed to the San Francisco Health Authority Governing Body under (A) the provisions of California Welfare and Institutions Code Section 14087.36(k)(1)(d) which permits the appointment of a "person employed in the senior management of community clinic consortium and (B) the San Francisco Administrative Code Sections 69.1 et seq. Enclosed please find a letter from the President and Chief Executive Officer of San Francisco Community Clinic Consortium designating Eddie Chan to serve on the San Francisco Health Authority Governing Body. Additionally, Eddie Chan has provided a statement indicating a willingness to serve and this statement is also enclosed. I request that you schedule a public hearing as soon as possible on the appointment of Eddie Chan to the San Francisco Health Authority Governing Body.

We appreciate your help with this important matter. My assistant Valerie Huggins, will be happy to assist you. She can be reached at (415) 615-4235.

Thank you for your assistance in this matter.

Sincerely,

John F. Grgurina, Jr. 4

Chief Executive Officer

Enclosure



# San Francisco Community Clinic Consortium

1550 Bryant Street, Suite 450 · San Francisco, CA 94103 · Phone 415/355-2222 · Fax 415/865-9960 · www.sfccc.org

November 19, 2012

John F. Grgurina, Jr. Chief Executive Officer San Francisco Health Authority 201 3<sup>rd</sup> Street, 7<sup>th</sup> Floor San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36 (g) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Community Consortium Clinic hereby designates Eddie Chan to serve on the Governing Board of the San Francisco Health Authority.

Sincerely

John *Ka*ressman

President & CEO of the San Francisco Community Consortium Clinic

cc: Eddie Chan

# CERTIFICATE OF WILLINGNESS TO SERVE ON THE GOVERNING BOARD OF THE SAN FRANCISCO HEALTH AUTHORITY

**December 11, 2008** 

I, Eddie Chan, as a representative of the San Francisco Community Clinic Consortium, am willing to accept appointment to serve on the Governing Board of the San Francisco Health Authority.

Eddie Chan	(SIGNATURE)		
12/23/08	(DATE)		

12/04/09



17:00

# Board of Supervisors City and County of San Francisco 1 Dr. Cariton B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714

Application for Boards,	Commissions and Committees
Application for Appointment to: San Francisco Health	Plan (U) pard, Commission, Commilled, or Task Force
Seat # or Category (If applicable):	District:
Name: Elena Tinloy	
Home Address: - 1-16th Avenue	Zip: 94116
Home Phone: 415	Occupation: Pharmadist-Director of Pharmacy
Work Phone: 415-206-6251 Employ	er: San Francisco General Hospital
Business Address: 1001 Potrero Avenue	Zjp: 94110
Business E-Mail: elena.tinloy@sfdph.org	Home E-Mail: — @aol.com
Check All That Apply:	
A citizen of the United States. 🔽	At least 18 years old on or before Election Day. 🕢
Not in prison or on parole for a felony convid	tion 📝
A resident of San Francisco 🕢 Yes:	No: (Place of Residence):
Please state your qualifications (attach supplen	nental sheet if necessary)
see attached resume	
Education:	
see attached resume	
Business and/or professional experience:	
see attached resume	
Civic Activities:	
Ethnicity: (optional) Asian	Sex: (optional) M F
	Commission to which you wish appointment? Yes No
(Applications must be received 10 days before the scheduled hearing (Please Note: Once Completed, this form, including all attachmen	nis, pecome public record)
Date: /- 28. /3 Applicant's Signature Please Note: Your application will be retained for one year.	e: (required)
FOR OFFICE USE ONLY: Appointed to Seat # Term Expires: On	in Seal was Vacated:

		Seeresumo	Pursuant to Charter section 4.101 (e)1, please sittle how your qualifications represent the communities of interest, neighborhoods, and the diversity in edunicity, race, age, sex, sexual orientation, gender identity, types of disabilities, and any other relevant demographic qualifies of the City and County of San Francisco:	Check All That Apply:  Registered voter in San Francisco: Yes ☑ No 및 If No, where registered:  Resident al San Francisco ☑ Yes ☑ No If No, place of residence:	Business E-Mail: CTCAG - TOTABY and Phone entrain Property of the Charlet Section 4.101 (2)2, Boards and Commissions established by the Charlet must consist of electors (registered voters) of the City and County of San Francisco. For certain other hodies, the Board of Supervisors can walve the residency requirement.	WORK PROPER 415-266-625) Employer: SAN Handres General Hospital  Business Address: 1001 Astrero AVE  Ton: Ptill	Name: Flora (1710) Home Acdress: 41 -1-16th Ave Jon: Phainsist. Wrettrof &	Application for Boards, Commissions, Committees, & Task Forces Name of Board, Commission, Committee, or Task Force:  See! # or Category: !! application:  The Committee of the Application of the Applicati	City and County of Sen Fancisco 1 Dr. Carkon B. Goodlett Place, Room 244 (415) 554-5184 FAX (415) 554-7714
th Court	POS OFFICE USE ONLY:  Lopointed to Seal # Term Explas: Date Seal was Variated.	Flease Note: Your application will be retained for one year. Once Completed, this form, including all attachments, become public record.	Date: 2.7.13 Applicant's Signature: (required)	requirement before any appointment can be made. (Applications must be received 10 days before the scheduled hearing.)	Here Any extended city resellings tithe Board Court as on it with from with appointment?  Yes Dwa (24)		Cluts Activities:		Business and/or professional expedence:  SEE VCSUME

# ELENA 0. TINLOY, Pharm.D. - .-16th Avenue, San Francisco, California (w) 415-206-6251

#### CAREER SUMMARY

Senior manager with over thirty (35) years of broad based management experience with increasingly responsible positions in healthcare administration.

#### PROFESSIONAL EXPERIENCE

### San Francisco General Hospital

present

Director of Pharmacy

Responsible for the operations of Inpatient and Outpatient Pharmacy services for the 600+ bed acute care, trauma medical center.

NorCal Registry

2011-July 2012

Consultant-San Francisco General Hospital

#### Self Help for the Elderly-Home Care Division

2009-2011

Consultant

Responsible for the coordination and oversight of University of California, School of Pharmacy 34<sup>th</sup> year students for a rotation with the Advance Practice Pharmacy Experience for transitional care and medication reconciliation.

#### CHINESE HOSPITAL, San Francisco

2002 to 2009

Director of Clinical Services

Responsible for the coordination of the operations of the clinical departments: Pharmacy, Radiology, Laboratory, Dietary, Cardiopulmonary, and Environmental Services. Successful 2009 Joint Commission Survey and MERP Survey for Pharmacy Services. Introduced automation for the Pharmacy's outpatient services with daily prescriptions fills of over 750. Implemented a full service outpatient infusion service for chemotherapy and blood transfusions. In addition, responsible for special projects: Chair of the Building a Healthier San Francisco website launch; responsible for annual community benefits report to OSHPD, involved in community events; "Stepping Stones" (Mentoring/Volunteer Program); Succession Planning for the Medical Staff, development and implementation of new clinical programs, etc.

#### KAISER PERMANENTE HEALTH PLAN

1996 to 2002

Pharmacy Services Manager for San Francisco and South San Francisco Medical Center 1998 to 2002
Pharmacy Services Manager for San Francisco Medical Center 1996 to 1998

Responsible for the coordination of Pharmacy services at two medical centers. Pharmacy services include two inpatient pharmacies and eight outpatient pharmacies. Inpatient pharmacies are full service with Unit Dose distribution systems and I.V. Admixture programs. Outpatient pharmacies are high volume HMO pharmacies with respective prescription volumes of 75-80,000 per month and a staff of approximately 130 FTE's. Ambulatory services include Anticoagulation, HIV, Diabetes Management, Chronic Pain, Cholesterol Management, Heart Failure and Asthma. In addition, active member of the medical center team coordinating community events and events at the medical center to recognize employees, "We Care" customer service team, and Partnership Team.

#### SEQUOIA HOSPITAL DISTRICT, Redwood City, California

1980 to 1995

Associate Administrator for Professional Services, Facility and Construction

1993 to 1995

Decreased total operating expenses for professional services 5% annually. Actively participated in discussions with Bay Area Laboratory Network to coordinate laboratory services in a managed care environment. Developed and expanded off-site locations for Physical Therapy Services in the Menlo Park area to provide for southern peninsula coverage. Completed the construction of two additional catherization laboratories and ten related projects. Completed the tenant improvements of a 43,000 square foot medical office building for ten-physician solo and group practices within a ten-month period. Successfully outsourced Food Services for cost savings of \$100,000 annually.

Associate Administrator for Ambulatory Services

1991 to 1993

Developed a strategy with physicians in the Laboratory and Radiology Services to survive in a Managed Care environment. Enveloped the Housekeeping and Laundry Services into the Nursing department. Developed and implemented a business plan for an Occupational Medicine Program. Coordinated and developed a Master Facilities Plan Update. Coordinated the development of a CAD-CAM system for the facility to reduce architectural fees. Completed the renovation of a PTCA room, new OR lounges, and facelift of nursing units. Developed the concept and directed the completion of a 14-bed acute Rehabilitation Unit. Relocated the Business and Financial Service Departments to a 50,000 square foot offsite building. Developed a full service Biomedical Engineering Department for annual cost savings of 10% in maintenance contract services.

Associate Administrator for Support Services

1989 to 1991

Developed a Management Engineering Program to support the analysis of hospital services. Designed a plan to improve both service and parking availability for patients and visitors. Developed a centralized Materiel Management Service instrumentation of CSR processing hospital-wide to ensure infection control procedures and to reduce F.T.E.'s. Oversaw the development of a hospital-wide safety plan. Implemented a recycling program. Expanded the outpatient rehabilitation service. Developed a 4,000 square foot medical office space far a six physician cardiovascular medical practice in twelve (12) weeks.

Administrative Director

1987 to 1989

Developed the feasibility, business plan and implemented a Weight Management Program. Relocated and improved upon a multidisciplinary Pain Treatment Center. Consolidated the services of Materiels Management and Central Supply Services. Oversaw the marketing of an Alcohol and Drug Recovery Center, with a very active Children of Alcoholics Program.

Director of Pharmacy

1980 to 1987

Developed a progressive In-patient pharmacy service. Developed programs such as decentralized Unit Dose program, full I.V. Additive services, Nutritional Support Service, Oncology Program, Institutional Review Committee.

ST. FRANCIS MEMORIAL HOSPITAL, San Francisco, California Assistant Director of Pharmacy

1978 to 1980

Coordinated the implementation of Unit Dose System. Developed a full service Oncology Service.

HIGHLAND GENERAL HOSPITAL, Oakland, California Staff Pharmacist

1973 to 1978

General pharmacy responsibilities. Developed and implemented a full Unit Dose and I.V. Admixture service. Gave inservice lectures to interns and residents of both Medical and Oral Surgery residents.

CONTRA COSTA COLLEGE, San Pablo, California Lecturer

1974 to 1978

Taught pharmacology to paramedics and nursing students.

**CHAPMAN COLLEGE**, San Francisco Campus Lecturer

1978 to 1979

Taught pharmacology to nursing students obtaining their BS degrees

UNIVERSITY OF CALIFORNIA, School of Pharmacy

1973 to 1978

Taught the pharmacology of Over-the-Counter Drugs to first year Pharmacy students.

#### **EDUCATION**

Doctor of Pharmacy, University of California San Francisco, School of Pharmacy

1969 to 1973

University of California, Berkeley, College of Letters and Science

1967 to 1969

#### CREDENTIALS

Community College Instructor

Lifetime

Subject Matter: Health and Physical Care Services and Related Technologies

Assistant Clinical Professor, (WOS), University of California, School of Pharmacy

### PROFESSIONAL ORGANIZATIONS

American Society of Healthcare Pharmacists California Society of Healthcare Pharmacists American College of Healthcare Executives

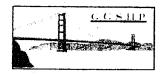
## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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#### CSHP - Golden Gate Chapter 1032 Irving Street P.O. Box 506 San Francisco, CA 94122



January 23, 2013

John F. Grgurina, Jr. Chief Executive Officer San Francisco Health Authority 201 Third Street, 7<sup>th</sup> Floor San Francisco, CA 94103

Dear Mr. Grgurina:

In accordance with Section 14087.36(K)(1)(I) of the California Welfare and Institutions Code and Section 69.4(j) of the San Francisco Administrative Code, the San Francisco Pharmacy Leadership Group (as represented by the Golden Gate Chapter of the California Society of Health-System Pharmacists, formerly known as the Golden Gate Society of Health-System Pharmacists) hereby designates Elena O. Tinloy, PharmD to serve on the Governing Board of the San Francisco Health Authority.

Sincerely,

Nancy N. Nguyen, PharmD, BCPS, AAHIVP

President, Golden Gate Chapter of the California Society of Health-System Pharmacists

### San Francisco **BOARD OF SUPERVISORS**

Date Printed: December 17, 2009

Date Established:

December 15, 1994

Active

#### **HEALTH AUTHORITY - SAN FRANCISCO**

#### Contact and Address:

Valerie L Huggins Executive Assistant

201 Third Street, 7th Floor San Francisco, CA 94103

Phone: (415) 615-4235 Fax: (415) 547-7824 Email: vhuggins@sfhp.org

#### **Authority:**

Welfare and Institutions Code Sec. 14087.36; Added by Ordinance No. 408-94, approved 12/15/94; Administrative Code 69.1 et seq.

#### **Board Qualifications:**

The Health Authority-San Francisco consists of nineteen members, 14 voting members of whom are appointed by the Board of Supervisors. The composition of the members appointed by the Board are as follows: one member of the board or any other person designated by the Board; one shall be a person who is employed in the senior management of a hospital not operated by the county or the University of California and who is a nominee of San Francisco Section of Westbay Hospital Conference or any successor organization, or if no such successor organization, a person who shall be nominated by the Hospital Council of Northern and Central California; one senior manager, San Francisco General Hospital; one senior manager, St. Luke's Hospital; two employees in senior management of either private nonprofit community clinics or a community clinic consortium, nominated by San Francisco Community Clinic Consortium; two physicians nominated by San Francisco Medical Society; one nominee of San Francisco Labor Council; two persons nominated by the beneficiary committee of health authority, one of whom shall be a Medi-Cal beneficiary; two persons knowledgeable in matters relating to either traditional safety net providers, health care organizations, the Medi-Cal program, or activities of the Health Authority nominated by program committee of the Health Authority; one person nominated by San Francisco Pharmacy Leadership Group. In addition, one of the members appointed must also be a registered nurse [See Sec.14087.36(k)(1)(A),(G), or (H) of the California Welfare and Institutions Code-also Administrative Code Section 69.1]

The composition of the other five members consist of the following: The Mayor shall appoint

# San Francisco BOARD OF SUPERVISORS

one voting member to serve at the pleasure of the Mayor. The Director of Public Health, the Director of Mental Health, and the Chancellor of the University of California at San Francisco shall each serve as a voting member or appoint a designee to serve at his or her pleasure. The Health Commission shall appoint a non-voting member to serve at its pleasure. Each member throughout their term shall be a resident or be employed within the geographic boundaries of the county.

The term of office for each member appointed by the Board shall be three years commencing at 12:00 noon January 15, 1995; provided that at the initial meeting the members appointed by the Board shall draw lots to determine seven members whose initial terms of office shall be for two years and the member or representative of the Board of Supervisors shall serve at the pleasure of the Board. Each member shall remain in office at the conclusion of that member's term until a successor member has been nominated and appointed. Following the initial staggering of terms, each of those members shall be appointed to a term of three years except the member who shall be a member of the Board or any other person designated by the Board. The Health Authority shall notify the Clerk four months prior to the expiration of any term of office who shall notify the nominating authority for the vacant position and upon receipt of the nomination schedule a hearing before the appropriate Committee of the Board for consideration of an appointment.

The Health Authority has been established as the Local Initiative under the Medi-Cal program. The Health Authority is to create an efficient, integrated health care delivery system in order to provide, as contracted by the California State Department of Health Services with the Authority, access to comprehensive health care services for Medi-Cal beneficiaries and such other persons as the Health Authority deems appropriate; to provide quality care that is compassionate, respectful and culturally and linguistically appropriate, and to ensure preservation of the safety net. The Powers and Responsibilities are stated in Section 69.3 of the Administrative Code.

Reports: None specified. Sunset Clause: None