

APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE		DATE RECEIVED																
Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101		<input type="checkbox"/> Copy to Supervisor																
INSTRUCTIONS: Please complete each item below. Be sure to enter the title of the Board, Commission, or Committee (only one per application please) for which you desire consideration. For more complete information or assistance contact the Clerk, Board of Supervisors' Office. This application shall be maintained for a period of one year only. After one year it is necessary to file a new application for another year of eligibility. Please print in ink or type.																		
1. APPLYING FOR: (Use specific title) GenCal Health Board of Directors		2. Today's Date: November 10, 2009																
3. NAME: Herlinger Daniel R <small>Last First Middle</small>		4. E-MAIL ADDRESS: herlinger@cox.net																
6. ADDRESS: <small>Number Street</small> Santa Barbara 93103 <small>City Zip Code</small>		5. TELEPHONE: Home: _____ Business: _____																
7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.																		
<table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TELEPHONE NUMBER</th> <th>OCCUPATION</th> </tr> </thead> <tbody> <tr> <td>A. Ron Boehm</td> <td></td> <td></td> <td>Publisher</td> </tr> <tr> <td>B. John Wigle</td> <td></td> <td></td> <td>Insurance Executive</td> </tr> <tr> <td>C. Edward Steinfeldt</td> <td></td> <td></td> <td>Healthcare Consultant</td> </tr> </tbody> </table>			NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION	A. Ron Boehm			Publisher	B. John Wigle			Insurance Executive	C. Edward Steinfeldt			Healthcare Consultant
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C. Edward Steinfeldt			Healthcare Consultant															
8. Are you or have you been employed by the County of Santa Barbara? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No IF YES, list Department: _____ Title: _____ Date: _____																		
9. Please check appropriate boxes (optional): Ethnic or racial identity: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black (African American) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other (Please specify)		10. Education completed: 11. Indicate Supervisor who will receive a copy of this application: Janet Wolf																
12. EXPERIENCE: Please explain why you are interested in serving and what experience you bring to the Commission or Committee for which you are applying. Attached resume																		
13. ADDITIONAL INFORMATION: Give any information explaining your qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for above Board, Commission, or Committee. Attach additional sheets as necessary. Attached resume																		
14. SIGNATURE OF APPLICANT x Daniel R. Herlinger																		

RECEIVED

NOV 13 2009

2ND DISTRICT OFFICE

DANIEL R. HERLINGER, LFACHE

Senior Associate
Arthur S. Shorr and Associates
Health Care Consultants

PROFESSIONAL ACTIVITIES

- American Hospital Association, Regional Policy Board District 9 (1998-2002)
California Delegate (2000-2002)
- American College of Healthcare Executives, Life Fellow
Regent, Los Angeles Area (1992-1997)
Nominating Committee (1998-2000)
- Health Care Association of Southern California (230 hospitals)
Chairman of the Board (1994)
Member, Board of Directors (1986-1997)
- California Medical Review, Inc.
(Medicare Professional Review Organization for California)
Member, Board of Directors (1992-1999)
- California Association of Hospitals and Health Systems
Board of Directors (1993-1995)
- United States Department of Commerce, Malcolm Baldrige National Quality Award
Board of Examiners (1996 & 1997)
Health Care Evaluation Team (1995)
- California Council for Quality and Service, Board of Trustees (1998-2001)
- Institute for Diversity in Health Management, Preceptor (1995-1997)
- University of Southern California, School of Public Administration
Health Services Administration Program Advisory Committee (1997-2005)
- University of California, Santa Barbara, Economic Forecast Project Board of Directors (1996-Present)
- California Association of Catholic Hospitals, Board of Directors (1994-1997)
- Blue Cross of California, Hospital Advisory Committee (1992-1996)
- California Lutheran University Health Care Advisory Council (1996-1998)
- Livingston Memorial Visiting Nurses Association , Ventura CA, Board of Directors (1985-1992)
- Santa Barbara Regional Health Authority, Board of Directors (2004-Present)
- Santa Barbara Health Data Exchange, Board of Directors (2004-2006)
- Satellite Healthcare Inc., Board of Directors (2004-Present)

COMMUNITY ACTIVITIES

- Rotary International, Santa Barbara, CA
Chairman, Santa Barbara Rotary Charitable Foundation
President, Oxnard North Rotary, 1989
- World President's Organization, Santa Barbara Chapter
- Juvenile Diabetes Foundation
Campaign Chairman, Ventura-Santa Barbara,
- Conejo Adult School Literacy Program, Tutor
- Mercy Charity Housing Advisory Board, Santa Barbara
- The Santa Barbara Channels, Public & Educational Media Access Center, Board of Directors (2002-Present)
- Rental Housing Mediation Task Force, City of Santa Barbara (2004-Present)
- Ventura County Dispute Services, Board of Directors
- Santa Barbara County Civil Grand Jury 2005-2006

EDUCATION

PROFESSIONAL CERTIFICATE

	Negotiation & Mediation, University of California, Santa Barbara (126 Hours)	2005
MBA	Health Care Administration, George Washington University, Washington, DC	1971
BS	Loyola University of Chicago, Chicago, IL	1968