

ATTACHMENT A

<p>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION OR COMMITTEE</p> <p>Return to: Clerk of the Board of Supervisors 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101</p>	<p>DATE RECEIVED</p> <p><input type="checkbox"/> Copy to Supervisor</p>
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Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee (only one per application) for which you desire consideration in Box 1. For more complete information or assistance, contact the Clerk of the Board of Supervisors. **Please print in ink or type. Please note that ALL information provided is a matter of public record, and is subject to disclosure.**

<p>1. APPLYING FOR: (Use Specific Title of Board, Commission or Committee)</p> <p>CenCal Board</p>	<p>2. TODAY'S DATE:</p> <p>2/1/2023</p>
<p>3. NAME:</p> <p>Mouhanad Hammami</p> <p style="text-align:center; font-size:small;">Last First Middle</p>	<p>4. E-MAIL ADDRESS:</p>
<p>6. ADDRESS:</p> <p>300 N San Antonio</p> <p style="text-align:center; font-size:small;">Number Street</p> <p>Santa Barbara 93110</p> <p style="text-align:center; font-size:small;">City Zip Code</p>	<p>5. TELEPHONE:</p> <p>Home: _____</p> <p>Business: _____</p>

7. REFERENCES: Give names and addresses of three (3) individuals (not relatives) who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE	OCCUPATION
Terri Maus Nisich			County of Santa Barbara Assistant CEO
Paige Batson			County of Santa Barbara Public Health Asst. Dept Leader

8. Are you, or have you ever been, employed by the County of Santa Barbara? No Yes - if yes, list below

Department: **Public Health** Title: **Director** Date: **1/23/2023**

<p>9. PLEASE CHECK APPROPRIATE BOXES (OPTIONAL):</p> <p>Ethnic or Racial Identity:</p> <p><input checked="" type="checkbox"/> White <input type="checkbox"/> 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):</p> <p style="text-align:right;">Sex:</p> <p><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>10. EDUCATION COMPLETED:</p> <p>Doctoral Degree, Master Degree</p> <p>11. INDICATE SUPERVISOR WHO WILL RECEIVE A COPY OF APPLICATION:</p> <p>Terri Maus Nisich</p>
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12. EXPERIENCE: Please explain why you are interested in serving, and what experience you bring to the Committee. Attach additional documentation as necessary.

I am a non-practicing non-licensed medical graduate (MD) where I spent most of time after graduating from Medical School working in academic medicine in the field of clinical research. Most of my early professional career was spent in academia and for the past 15 years in community and public health administration. I also have a Graduate Certificate in Public Health and Master ' s degree in Health Service Administration (MHSA) from the University of Michigan. My background has helped me bridge the gap between clinical care and public health and gave me a better understanding of those two worlds. Something that came in handy in my previous public health roles.

For the past 10 years I have served as the Chief Health Officer for Wayne County in Michigan, the most populous county in the State with more than 1.2 million residents. My department included health and wellness services in addition to primary care and human services such as foster care and youth assistance programs.

13. ADDITIONAL INFORMATION: Give any information explaining qualifications, experience, training, education, volunteer activities, community organization memberships, or personal interests that bear on your application for the above Board, Commission or Committee. Attach additional sheets as necessary.

14. SIGNATURE OF APPLICANT: