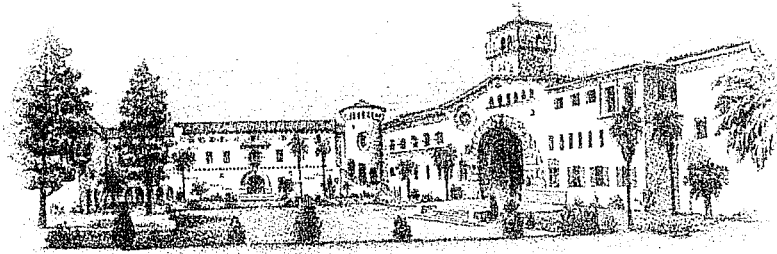


DOREEN FARR
Third District Supervisor



OFFICE OF THE
THIRD DISTRICT SUPERVISOR
County Administration Building
105 East Anapamu Street
Santa Barbara, California 93101
Telephone: (805) 568-2191
Fax: (805) 568-2883
www.countyofsb.org

A-37

COUNTY OF SANTA BARBARA

Date: November 30, 2011

Clerk of the Board of Supervisors
County of Santa Barbara
105 East Anapamu Street
Santa Barbara CA 93101

COUNTY OF SANTA BARBARA
CLERK OF THE BOARD OF SUPERVISORS
NOV 30 PM 2:36

For placement on the agenda for the meeting of: **December 3, 2011**

I would like to recommend the following for appointment / reappointment to the
CenCal Health Board of Directors

Name of Appointee: **Mark Juretic**
Address: **117 W. Bunny Ave.**
City/State/Zip: **Santa Maria, CA 93458**
Home Telephone: **805-934-9782**
Work Telephone: **805-739-3890**
Cell Phone: **mjuretic@chw.edu**
E-mail:

Appointee will represent **Third District** on this committee.
Position was formerly held by:
Term expires: **December 31, 2013**

Check only if this appointment is filling an unexpired vacancy.

Third District Supervisor Doreen Farr

Signed By: Stephanie Langsdorf on behalf of DF

Clerk of the Board: Please send minute order to Robert S. Freeman, CEO CenCal Health, at 4050 Calle Real, Santa Barbara CA 93110, 805-685-9525.

<p>APPLICATION FOR COUNTY OF SANTA BARBARA BOARD, COMMISSION, OR COMMITTEE Return to: Clerk, Board of Supervisors County Administration Building 105 E. Anapamu Street, Room 407 Santa Barbara, CA 93101</p>	<p style="text-align: center;">DATE RECEIVED</p> <p><input type="checkbox"/> Copy to Supervisor</p>
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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) <u>BOARD MEMBER, CenCal Health Board of Directors</u>	2. Today's Date: <u>11/10/2011</u>
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3. NAME: <u>Jorette Mark C</u> <small>Last First Middle</small>	4. E-MAIL ADDRESS: <u>mjorette@chw.edu</u>
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6. ADDRESS: <u>117 W BUNNY Ave</u> <small>Number Street</small> <u>Santa Maria</u> <u>93458</u> <small>City Zip Code</small>	5. TELEPHONE: Home: <u>805-934-9782</u> Business: <u>805-739-3890</u>
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7. References: Give names and addresses of three persons, not relatives, who have knowledge of your character, experience, community involvement, and abilities.

NAME	ADDRESS	TELEPHONE NUMBER	OCCUPATION
A. <u>Chuck CoVA</u>	<u>1400 E. CUNNEY ST</u>	<u>739-3100</u>	<u>Hosp Administrator</u>
B. <u>LUPE TERNANES</u>	<u>117 W BUNNY Ave</u>	<u>739-3890</u>	<u>Clinic Director</u>
C. <u>Chuck Merrill, MD</u>	<u>1400 E CUNNEY ST</u>	<u>739-3100</u>	<u>VAMA, Marine Med Ctr</u>

8. Are you or have you been employed by the County of Santa Barbara? YES 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: <u>AB, MS, MD</u> 11. Indicate Supervisor who will receive a copy of this application: <u>UNSURE</u>
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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.

I have been on the CenCal Board for 8 years, representing the Santa Barbara County Medical Society. I would like to continue serving.

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.

14. SIGNATURE OF APPLICANT

15 November 2011

Ms. Doreen Farr
Vice-Chair, 3rd District
Santa Barbara County Board of Supervisors
1745 Mission Drive
Solvang, CA 93463

Dear Supervisor Farr:


The Santa Barbara County Medical Society (SBCMS) is pleased to nominate Mark C. Juretic, M.D. to continue as the SBCMS appointee to CenCal Health, The Regional Health Authority, Board of Directors.

SBCMS has been honored that Dr. Juretic has been able to represent our physician members on the CenCal board for the past several years. Dr. Juretic's understanding of the community and of CenCal's mission and operational structure has been beneficial for both patients and physicians.

Dr. Juretic is a board certified internal medicine physician who practices at the Marian Community Clinics, Inc. in Santa Maria. He attended Medical School at Baylor College of Medicine, Houston, Texas and completed his internship and residency in Internal Medicine at the University of California, San Diego. Dr. Juretic is a member in good standing of the Santa Barbara County Medical Society.

We encourage the Board of Supervisors to reappoint Dr. Juretic for the next term.

Sincerely,

A handwritten signature in black ink, appearing to read "Sharon L. Basham". The signature is fluid and cursive, with a long horizontal line extending to the right.

Sharon L. Basham, M.D., President
Santa Barbara County Medical Society

cc: Robert Freeman, CEO, CenCal Health