

## MENDOCINO COUNTY BOARD OF SUPERVISORS APPOINTMENT OF INTEREST APPLICATION

		E	G	E		V	E	
		N	/AR	0	2	2016	)	
E	Ву_							

COMMITTEE NAME PHC GOV	erning Board	Date	February	29, 2	016
Representational Category	mmunity Representat	ive	······································		
NAME Paula Cohen		PHONE _			
ADDRESS		activities		· · · · · · · · · · · · · · · · · · ·	
AVAILABILITY TO ATTEND MEETING	s: A A		· .		
Night Meetings <u>Yes</u>	V	Day Meetings	Yes		
Ukiah OnlyYes		Other	Yes		
Special Expertise, Experience or Inte My healthcare experience includes twenty		nt in the acute care sett	ing and twenty four	years in	
outpatient primary care services. As the cur	rent Executive Director for the Allia	ince for Rural Communi	ty Health (ARCH), i	more thar	 n 80%
of Partnership HealthPlan's beneficiaries re	ceive services at our member sites	, which include 5 federa	lly qualified health	centers, a	<del></del>
private rural health clinic, a hospital based of	linic and the Cancer Resource Ce	nters of Mendocino Cou	nty. I was part of th	e implem	entati
of PHC in this county. I have the passion to	want to ensure the highest quality	and most comprehens	ive healthcare servi	ces be av	vailabl
to PHC recipients					
I hereby certify that I am a registered States and will be at least 18 years of conviction of a felony. I certify under information on this application is true	age at the time of the next el penalty of perjury under the	ection. I am not imp	risoned or on pa	role for	ited the
l understand that assuming this publi qualifications, including financial inte	c responsibility could result rests:	in public knowledge	of my backgrou	ınd and/	or/
Applications will be kept on file for or fully ollow Signature		March	2, 2016		
Date Appointed:	Term	,			

Return completed application to: The Mendocino County Clerk of the Board's Office 501 Low Gap Road, Room 1090 Ukiah, CA 95482 or fax to (707) 463-4245