



PROVIDER ADVISORY COMMITTEE APPLICATION FORM

Name of Applicant: _____

E-mail Address: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Current Employer: _____

Work Address: _____ City: _____ Zip: _____

Work Phone: _____ Extension: _____

EXPERIENCE: What experience, training, education, or interests specifically qualify you as an appointee to the committee? (Please use an additional sheet of paper, if necessary, and attach it to this application.)

PUBLIC SERVICE: List past or present public service appointments or elected positions held (please list dates served):



PUBLIC SERVICE AGENCIES: List any affiliation you have with public service agencies in Ventura County:

AFFILIATIONS: List past or present affiliations with private and/or public health plans:

ORGANIZATIONS: List community organizations to which you currently belong:

COMMITTEES OR BOARDS: List any committees or boards on which you are currently serving:

CONVICTIONS AND PENALTIES: Have you ever been convicted of a felony? If yes, give date(s), location(s) and penalties. (Convictions are evaluated for each position and are not necessarily disqualifying.)



QUESTIONS:

1. Why do you want to serve on the Provider Advisory Committee?

2. What strengths, skills, knowledge, and perspective would you bring to the Provider Advisory Committee?

3. Describe how you are currently working / engaged with our members?

REFERENCES: Provide a minimum of three references and their contact information:

1. Name: _____

Affiliation: _____

Contact Phone Number: _____

2. Name: _____

Affiliation: _____

Contact Phone Number: _____



3. Name: _____

Affiliation: _____

Contact Phone Number: _____

You are invited to include a copy of your resume or any supplemental information that you feel may assist in the evaluation of your application.

Signature (Must be signed in blue ink.)

Date

COMPLETE THE FORM AND RETURN IT TO:

Ventura County Medi-Cal Managed Care Commission
dba Gold Coast Health Plan
Attn: Maddie Gutierrez, Clerk of the Board
711 E. Daily Drive, Suite #106
Camarillo, CA 93010-6082

Or submit it by email to:
mgutierrez@goldchp.org

If you have any questions, call 1-805-437-5512.