

CONTRA COSTA COUNTY FIRE CHIEFS ASSOCIATION



October 14, 2011

To: Chair of Emergency Medical Care Committee

Re: EMCC Nomination

On behalf of the Contra Costa County Fire Chiefs Association, I would like to nominate Noel Luiz to the Public Provider Paramedic seat on the Emergency Medical Care Committee.

Thank you,

Hugh Henderson, President  
CCCFA

East Contra Costa Fire Chief

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**Contra  
Costa  
County**

**For Office Use Only**  
Date Received:

**For Reviewers Use Only:**  
Accepted Rejected

**BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION**

MAIL OR DELIVER TO:  
Contra Costa County  
CLERK OF THE BOARD  
651 Pine Street Rm. 106  
Martinez, California 94553-1292  
**PLEASE TYPE OR PRINT IN INK**  
(Each Position Requires a Separate Application)

BOARD, COMMITTEE OR COMMISSION NAME AND SEAT TITLE YOU ARE APPLYING FOR:

Emergency Medical Care Committee

Public Provider Paramedic Seat

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Luiz Noel Brian  
(Last Name) (First Name) (Middle Name)

2. **Address:** 2010 Geary Road Pleasant Hill, CA 94523  
(No.) (Street) (Apt.) (State) (Zip Code)

3. **Phones:** 925-788-1383 925-788-1383 925-766-7697  
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** nluiz@cccfd.org

5. **EDUCATION:** Check appropriate box if you possess one of the following:

High School Diploma  G.E.D. Certificate  California High School Proficiency Certificate

Give Highest Grade or Educational Level Achieved J.C. - Paramedic School

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Los Medanos	Fire Science / Gen Ed	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	20			
B) Skyline College	Paramedic	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	20 - 30			
C)		Yes No <input type="checkbox"/> <input type="checkbox"/>				
D) Other schools / training completed: Western Institute	Course Studied ALS Paramedic	Hours Completed 5000	Certificate Awarded: Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>			

6. PLEASE FILL OUT THE FOLLOWING SECTION COMPLETELY. List experience that relates to the qualifications needed to serve on the local appointive body. Begin with your most recent experience. A resume or other supporting documentation may be attached but it may not be used as a substitute for completing this section.

<p>A) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>            4/2006      Present</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      5        6</p> <p>Hrs. per week <u>56</u> . Volunteer <input type="checkbox"/></p>	<p>Title            Fire Captain - Paramedic</p> <hr/> <p>Employer's Name and Address            Contra Costa County Fire District            2010 Geary Rd. Pleasant Hill, CA            94523</p>	<p>Duties Performed            Supervision and Incident Command of both Fire and Emergency Incidents.            Perform ALS Paramedic Duties, training, teaching, evaluation and supervision of district fire crews. Medical Advisory Committee at EMS, EMS Committee at CCC Fire, Fire Nozzle Program Coordinator.</p>
<p>B) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>            3/1999      4/2006</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      7        1</p> <p>Hrs. per week <u>56</u> . Volunteer <input type="checkbox"/></p>	<p>Title            Firefighter Paramedic and Fire Engineer</p> <hr/> <p>Employer's Name and Address            Contra Costa County Fire Protection District            2010 Geary Road Pleasant Hill, CA            94523</p>	<p>Duties Performed            Firefighting, emergency medical services, EMS Instructor at CCC Fire Training Center, Apparatus Driver.</p>
<p>C) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>            1992      3/1999</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      7</p> <p>Hrs. per week <u>56</u> . Volunteer <input type="checkbox"/></p>	<p>Title            Paramedic Field Operations Supervisor</p> <hr/> <p>Employer's Name and Address            American Medical Response West            Concord, CA 94520</p>	<p>Duties Performed            Supervision of EMT and Paramedics in Contra Costa County Responding to Major Medical and Trauma Incidents to provide Incident command and oversight working within Contra Costa EMS Multi Casualty Plan.</p>
<p>D) Dates (Month, Day, Year)  <u>From</u>      <u>To</u>            1988      1992</p> <p>Total: <u>Yrs.</u>    <u>Mos.</u>                      4</p> <p>Hrs. per week <u>40-50</u> . Volunteer <input type="checkbox"/></p>	<p>Title            EMT and Paramedic</p> <hr/> <p>Employer's Name and Address            Regional Ambulance &amp; AMR West            Concord, CA &amp; Fremont, CA</p> <hr/> <p>Allied Ambulance            Oakland, CA</p>	<p>Duties Performed            Provide BLS Care (EMT) and ALS Care (Paramedic) on an Ambulance in Contra Costa and Alameda Counties.</p>

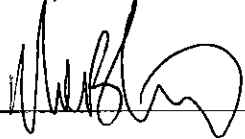
7. How did you learn about this vacancy?

CCC Homepage  Walk-In  Newspaper Advertisement  District Supervisor  Other \_\_\_\_\_

8. Do you have a Familial or Financial Relationship with a member of the Board of Supervisors? (Please see Board Resolution no. 2011/55, attached): No  Yes

If Yes, please identify the nature of the relationship: \_\_\_\_\_

I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publically accessible. I understand and agree that misstatements / omissions of material fact may cause forfeiture of my rights to serve on a Board, Committee, or Commission in Contra Costa County.

Sign Name:  Date: 10/7/11

**Important Information**

1. This application is a public document and is subject to the California Public Records Act (CA Gov. Code §6250-6270).
2. Send the completed paper application to the Office of the Clerk of the Board at: 651 Pine Street, Room 106, Martinez, CA 94553.
3. A résumé or other relevant information may be submitted with this application.
4. All members are required to take the following training: 1) The Brown Act, 2) The Better Government Ordinance, and 3) Ethics Training.
5. Members of boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.
6. Advisory body meetings may be held in various locations and some locations may not be accessible by public transportation.
7. Meeting dates and times are subject to change and may occur up to two days per month.
8. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.