



Contra Costa County

For Office Use Only
Date Received:

For Reviewers Use Only:
Accepted Rejected

REAPPOINTMENT REQUEST
SIGNATURE
[Redacted Signature] 5-17-16
(date)

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:

Managed Care Commission

member at large

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (if applicable)

1. Name: Mello Tamara H.
(Last Name) (First Name) (Middle Name)

2. Address: [Redacted] Pleasant Hill CA 94523
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. Phones: [Redacted]
(Home No.) (Work No.) (Cell No.)

4. Email Address: [Redacted]

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 A.A. - C.L.E.P. passed

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) <u>Diablo Valley J.C.</u>	<u>Various</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
B) <u>Heald College</u>	<u>paralegal</u>	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C) [Redacted]	[Redacted]	Yes No <input type="checkbox"/> <input type="checkbox"/>	[Redacted]	[Redacted]	[Redacted]	[Redacted]
D) Other schools / training completed: <u>None</u>	Course Studied	Hours Completed	Certificate Awarded: Yes No <input type="checkbox"/> <input type="checkbox"/>			

* Couldn't tell you without a transcript.

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) From <u> </u> To <u> </u> 2000 Current Total: Yrs. <u> </u> Mos. <u> </u> 47 ? Hrs. per week <u>30</u> . Volunteer <input type="checkbox"/></p>	<p>Title Dog Breeder - hobby level Employer's Name and Address self-employed</p>	<p>Duties Performed Raising, and selectively breeding puppies find good homes for puppies.</p>
<p>B) Dates (Month, Day, Year) From <u> </u> To <u> </u> 2006 2007 Total: Yrs. <u> </u> Mos. <u> </u> 1 2 Hrs. per week <u>40</u> . Volunteer <input type="checkbox"/></p>	<p>Title Book Store Manager Employer's Name and Address County Center Bookstore Seaway Rd, Walnut Creek CA 94596</p>	<p>Duties Performed Manage & schedule staff of volunteers Order and stock merchandise Retail sales PHL Tracking</p>
<p>C) Dates (Month, Day, Year) From <u> </u> To <u> </u> 1990 2004 Total: Yrs. <u> </u> Mos. <u> </u> 14 8 Hrs. per week <u>60</u> . Volunteer <input type="checkbox"/></p>	<p>Title Home Daycare Center Employer's Name and Address self-employed 219 Jeanne Dr. Pleasant Hill, CA 94523</p>	<p>Duties Performed Administrative & Learning, Caring Child care provider.</p>
<p>D) Dates (Month, Day, Year) From <u> </u> To <u> </u> 1985 1989 Total: Yrs. <u> </u> Mos. <u> </u> Hrs. per week <u> </u> . Volunteer <input type="checkbox"/></p>	<p>Title Assist. Mgr. Employer's Name and Address Thrifty Drugs Redwood, CA</p>	<p>Duties Performed Administrative & Accounting, merchandising retail sales.</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:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? 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: 3-12-13

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.



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County**

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CLERK OF THE BOARD
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PLEASE TYPE OR PRINT IN INK
(Each Position Requires a Separate Application)

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

Managed Care Commission

Member at large #7

PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

PRINT EXACT SEAT NAME (If applicable)

1. **Name:** Shorter Jones Debra Ann
(Last Name) (First Name) (Middle Name)

2. **Address:** [Redacted] Richmond CA 94804-2902
(No.) (Street) (Apt.) (City) (State) (Zip Code)

3. **Phones:** [Redacted] 510-435-9436
(Home No.) (Work No.) (Cell No.)

4. **Email Address:** [Redacted]

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 Masters

Names of colleges / Universities attended	Course of Study / Major	Degree Awarded Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Samuel Merritt College	Nursing / FNP	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	49		MSN	2004
B) Sonoma State University	Nursing / PHN	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	120		BSN	1989
C) Contra Costa Community College	Nursing / RN	Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>	70		ADN	1986
D) Other schools / training completed	Course Studied	Hours Completed	Certificate Awarded Yes No <input 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) From To 03/23/1994 Present Total: Yrs. Mos. 23 Hrs. per week 40 . Volunteer <input checked="" type="checkbox"/></p>	<p>Title RN< PHN< FNP Employer's Name and Address City of Berkeley Public Health Clinic 830 University Ave. Berkeley, CA 94710</p>	<p>Duties Performed manage client caseload and establish priorities. Participate on health team that provides services to children adolescents and adults which include communicable disease, health promotion, homeless services, service to the elderly, advice nurse, antepartum and postpartum care immunizations. Knowledge of city, county, state welfare and social service</p>
<p>B) Dates (Month, Day, Year) From To 12/07/2007 present Total: Yrs. Mos. 6 Hrs. per week 12-24 . Volunteer <input checked="" type="checkbox"/></p>	<p>Title House Supervisor Employer's Name and Address Kaiser San Leandro Hospital 2500 Merced St. San Leandro, CA 94577</p>	<p>Duties Performed Acts as the on site-administrative designee for the entire facility for off shifts and weekends. Manages all the patient care departments, ensuring appropriate quality care and compliance with regulations. Identifies and implements best practices to provide quality care and services. Assess and monitors staffing for all shifts.</p>
<p>C) Dates (Month, Day, Year) From To 12/06/1989 03/01/2002 Total: Yrs. Mos. 12 Hrs. per week 40 . Volunteer <input checked="" type="checkbox"/></p>	<p>Title Registered Nurse Employer's Name and Address Alta Bates Medical Center 2450 Ashby Ave. Berkeley, CA 94705</p>	<p>Duties Performed Provide assessment and appropriate interventions for acute care patients. Administer medications and monitor effectiveness for the medications. Give treatments as well as follow up . Work with multidisciplinary health team to return patients to optimum level of health.</p>
<p>D) Dates (Month, Day, Year) From To Total: Yrs. Mos. Hrs. per week . Volunteer <input type="checkbox"/></p>	<p>Title Employer's Name and Address</p>	<p>Duties Performed</p>

7. How did you learn about this vacancy?

GCC 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

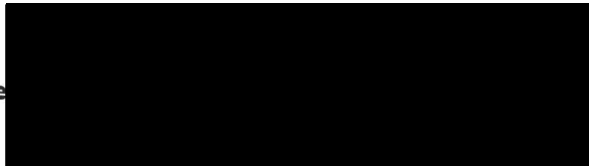
If Yes, please identify the nature of the relationship:

9. Do you have any financial relationships with the County such as grants, contracts, or other economic relations? 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: 1-18-2017

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REAPPOINTMENT REQUEST
SIGNATURE 4/8/17

CONTRA COSTA COUNTY ADVISORY BOARDS, COMMISSIONER
APPLICATION FORM

Name of advisory board applying for: Managed Care Commission (MCC)

(Application form must be typed or hand printed.)

Note: "Persons who are involved as contractors with CCHP cannot be members of the MCC nor can Health Services Department (HSD) employees."

Please answer:

Are you currently employed by CCHP or HSD? " Yes No
 If yes, please explain: _____

Are you or your employer now a contractor to CCHP? " Yes No
 If yes, please explain: _____

Are you associated with an organization that is currently or has plans to contract with CCHP?
 " Yes No If yes, please explain: _____

Please check all boxes that apply:

- " Current CCHP Medi-Cal Subscriber " Current CCHP Medicare Subscriber " Physician
- " Other Provider " Current CCHP Commercial Subscriber " Represent Medical Indigent Needs

Name of Applicant: Debra A. Shorter-Jones

Home Address: [REDACTED] Home Phone: [REDACTED]
Richmond, CA. 94804

Business Address: [REDACTED] Berkeley, CA Work Phone: [REDACTED]

Signature: _____ Date: July 18, 2012

Personal Experience, Skills, Interests:

Education/Background:

Samuel Merritt College-2001-2004 MSN/FNP
 Sonoma State University 1986-1989/ BSN/PHN
 Contra Costa Community College 1983-1986/ AS/RN

Occupation:
 Public Health Nurse

Community Activities:

President of Cortez-Stege Neighborhood Council
 Member of _____

Special Interests:

Activities for children and teens. Health care issues. Mental health issues

INFORMATION:

1. Return completed application to Teresa O'Riva or Jill Lorekovich, Contra Costa Health Plan, 595 Center Avenue, Suite 100, Martinez, CA 94553; FAX # (925) 315-6580.
2. Members of some advisory bodies may be required to file annual Conflict of Interest Statements.