Print Form

Contra Costa County

For Office Use Only
Date Received:
RECEIVED
OCT 23 2017
CLERK BOARD OF SUPERVISORS
CONTRA COSTA CO.

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:

Aviation Advisory Committee
PRINT EXACT NAME OF BOARD, COMMITTEE, OR COMMISSION

At-Large Position
PRINT EXACT SEAT NAME (if applicable)

1. **Name:** Boyd, Robert Owen
(Last Name) (First Name) (Middle Name)

2. **Address:** [redacted]
(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 Doctorate: Licensed Clinical Psychologist (Psy 8158)

Names of colleges / universities attended	Course of Study / Major	Degree Awarded	Units Completed		Degree Type	Date Degree Awarded
			Semester	Quarter		
A) Bowie State University	Psychology	Yes No ☒ ☐			BA	1975
B) California School of Professional Pscyhology	Clinical Psychology	Yes No ☒ ☐			MA	1980
C) California School of Professional Psychology	Clinical Psychology	Yes No ☒ ☐			Ph.D.	1982
D) Other schools / training completed: See ATTACHED Resume	Course Studied	Hours Completed			Certificate Awarded: Yes No ☐ ☐	

THIS FORM IS A PUBLIC DOCUMENT

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.**

A) Dates (Month, Day, Year)	Title	Duties Performed
From: 1995 To: Present Total: Yrs. 22 Mos. Hrs. per week 20. Volunteer ☐	Clinical & Forensic Psychologist **Employer's Name and Address** 2800 Pleasant Hill Road Suite 222 Pleasant Hill, CA 94523 (Private Practice)	Psychiatric evaluations of a number of populations, including FAA evaluation of pilots & air traffic controllers, workers' compensation psychiatric evaluation, child custody evaluations, & disability evaluation. Limited therapy for substance abuse patients.
B) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: 6/2001 To: 1/2007 Total: Yrs. 40 Plus Mos. Hrs. per week ____. Volunteer ☐	Program Director **Employer's Name and Address** Kaiser Permanente Medical Group Stockton Medical Center Stockton, CA	Clinical director of an outpatient Alcohol & Drug Abuse clinic in Kaiser's Stockton Medical Center. Supervised staff of approximately ten multi-disciplined providers.
C) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: 1/0988 To: 5/2004 Total: Yrs. 40 Plus Mos. Hrs. per week ____. Volunteer ☐	Program Director **Employer's Name and Address** Kaiser Permanente Medical Group Oakland Medical Center 915 Broadway Oakland, CA	Clinical manager of a very large, urban outpatient Alcohol & Drug Abuse clinic in downtown Oakland. Supervised staff of roughly 35 interdisciplinary staff, including physicians, nurse practitioners, & therapists. Responsibilities also consisted of a Leadership & Consultation Role on the Regional Level (23 No CA clinics).
D) Dates (Month, Day, Year)	**Title**	**Duties Performed**
From: 1/1986 To: 12/1985 Total: Yrs. 40 Mos. Hrs. per week ____. Volunteer ☐	Staff Psychologist **Employer's Name and Address** Santa Teresa Hospital Kasiser Permanente Medical Group San Jose Medical Center	Staff psychologist to a small, suburban outpaitne Alcohol & Drug Clinic

7. **How did you learn about this vacancy?**

☐ **CCC Homepage** ☐ **Walk-In** ☐ **Newspaper Advertisement** ☐ **District Supervisor** ☒ **Other** neighberhood website

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 accessi[redacted]ns of material fact may cause forfeiture of my rights to serve on a Bo[redacted]

Sign Na[redacted] Date: OCT 20 2017

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.

ROBERT OWEN BOYD
[redacted]

October 20, 2017

Contra Costa County
CLERK OF THE BOARD
651 Pine Street, Rm. 106
Martinez, CA 94553

RE: APPLICATION FOR AT-LARGE MEMBER AVIATION ADVISORY COMMITTEE

Committee Chairperson and/or Selection Committee Members:

I noticed that you had an opening for an At-Large position on the Contra Costa County Aviation Advisory Committee (AAC), and I wanted to submit my application for this position. I have attached the completed BOARDS, COMMITTEE, AND APPLICATION form, as well as my resume, for this position.

Based on my background, I believe that I would make an excellent candidate for this committee position for a number of reasons, including the following, which for convenience I have listed in a bullet format.

1. I am a long-standing Contra Costa resident, and lived in the County since I move here from Washington, DC, in 1978.

2. I am a forensic and clinical psychologist who has been practicing since I earned my doctorate in 1982 and then became licensed in California in 1984. I specialized in the diagnosis and treatment of persons with addictive disease, and have managed two different alcohol and drug abuse clinics (Oakland & Stockton) for the Kaiser Permanente Medical Group. I retired from Kaiser in 2007 after 21 years.

3. After retiring from Kaiser, I expanded my psychology private practice, which has always been located in our county (Martinez & Pleasant Hill), from part time and to include psychological evaluation in a variety of areas, including being on an exclusive FAA list to evaluate pilots and air traffic controllers. I also perform workers' compensation, child custody, disability, and substance abuse evaluations.

4. Lastly, I am also a pilot myself and fly exclusively out of Buchanan (CCR) field. I have just over 900 hours and fly with one of this airport's flying clubs. Therefore, I am also aware of a number of airport and aviation issues since I have been flying out of our airport since the mid nineties.

I look forward to the next steps in this application process, and thank you in advance for your consideration of me for this committee position.

ATTACHMENTS:

1) Completed & signed BOARDS, COMMITTEES AND COMMISSIONS APPLICATION
2) Resume

ROBERT OWEN BOYD, Ph.D.

EDUCATION

1975 Bowie University, Bowie, Maryland
Bachelor of Arts, Psychology Major

1980 California School of Professional Psychology, Berkeley, California
Masters, Clinical Psychology

1982 California School of Professional Psychology, Berkeley, California
Doctorate of Philosophy, Clinical Psychology
Dissertation: *"The Personality Traits of Husbands and Wives of Alcoholics"*

WORK EXPERIENCE

10/84 - Current Private Practice
Psychotherapy - Addictions & Family Members
Evaluations - Workers' Compensation, Child Custody, Disability, Immigration, & Psychiatric
Extensive Expert Witness Testimony in both Child Custody & Workers' Compensation

6/04 - 1/07 Program Director - Kaiser Permanente Medical Group, Stockton, CA
Clinical Manager of an Outpatient Alcohol & Drug Abuse Clinic

1/88 - 5/04 Program Director - Kaiser Permanente Medical Group, Oakland, CA
Clinical Manager of a Large, Urban Outpatient Alcohol & Drug Abuse Clinic With a Staff of 35 Interdisciplinary Staff. Responsibilities also Included Leadership & Consultative Role on the Regional Level (23 Northern California Clinics)

1/86 - 12/87 Psychologist - Kaiser Permanente Medical Group, San Jose, CA
Staff Psychologist in a Small, Suburban Outpatient Alcohol & Drug Abuse Clinic

10/82 - 12/85 Psychologist/Team Leader - Adolescent Program, Napa State Hospital, Napa, CA
Psychologist on an Adolescent Unit at a State Hospital

1979 - 1982 Pre-Doctoral Internships: Teaching Assistant in Psychological Testing & Intern on an In-Patient Alcohol & Drug Abuse Clinic (Alta Bates Hospital)

LICENSURE

Psychologist's License:	California, Psy 8158, 1/16/1984
Qualified Medical Evaluator:	California, QME No. 994312, 7/15/2008
Private Pilot License:	5/9/1987

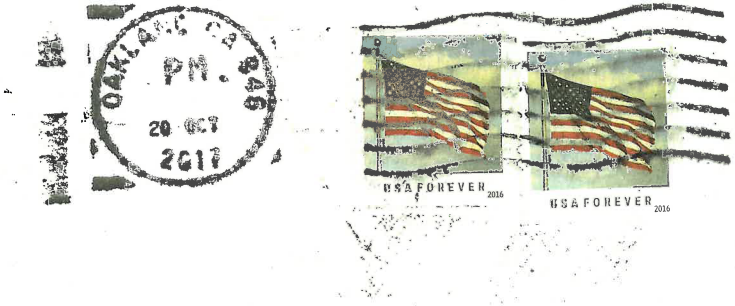
MEMBERSHIPS

American Psychological Association
American Psychological Association, Division 50 {Addictions}
Association of Aviation Psychologists

REFERENCES

Furnished upon request.

[redacted]



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