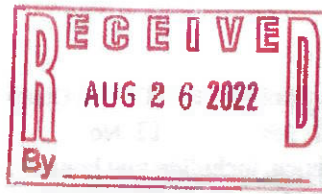




Contra
Costa
County



Please return completed applications to:
Clerk of the Board of Supervisors
1025 Escobar Street, 1st Floor
Martinez, CA 94553
or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name: DR. MICHAEL WENER Last Name: WENER

Home Address - Street: [Redacted] City: WALNUT CREEK Zip Code: [Redacted]

Phone (best number to reach you): [Redacted] Email: [Redacted]

Resident of Supervisorial District: 2

EDUCATION Check appropriate box if you possess one of the following:
 High School Diploma CA High School Proficiency Certificate G.E.D. Certificate

Colleges or Universities Attended	Course of Study/Major	Degree Awarded	
CALIFORNIA COLLEGE OF PODIATRIC MEDICINE	PODIATRY	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other Training Completed: [Redacted]

Board, Committee or Commission Name: AGORA Seat Name: HEALTH COMM.

Have you ever attended a meeting of the advisory board for which you are applying?
 No Yes If yes, how many? [Redacted]

Please explain why you would like to serve on this particular board, committee, or commission.
INTEREST IN THE AGING POPULATION

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume with this application)
ATTACHED

I am including my resume with this application:
Please check one: Yes No

I would like to be considered for appointment to other advisory bodies for which I may be qualified.
Please check one: Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No

List any volunteer and community experience, including any boards on which you have served.

ACCA

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed below or Resolution no. 2011/55)

Please check one: Yes No

If Yes, please identify the nature of the relationship: []

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: Yes No

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 publicly accessible. I understand and agree that misstatements and/or omissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed: []

Date: 8/24/22

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

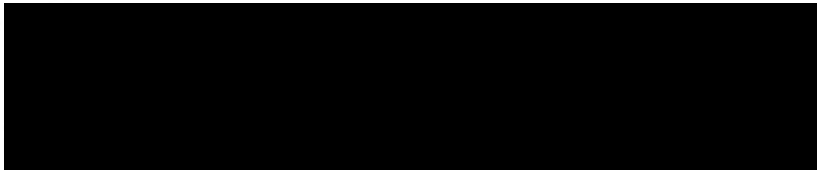
Important Information

- 1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).
2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.
3. Members of certain 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.
4. Meetings may be held in various locations and some locations may not be accessible by public transportation.
5. Meeting dates and times are subject to change and may occur up to two (2) days per month.
6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.
7. As indicated in Board Resolution 2011/55, a person will not be eligible for appointment if he/she is related to a Board of Supervisors member in any of the following relationships: mother, father, son, daughter, brother, sister, grandmother, grandfather, grandson, granddaughter, great-grandfather, great-grandmother, aunt, uncle, nephew, niece, great-grandson, great-granddaughter, first-cousin, husband, wife, father-in-law, mother-in-law, daughter-in-law, stepson, stepdaughter, sister-in-law, brother-in-law, spouse's grandmother, spouse's grandfather, spouse's granddaughter, and spouses' grandson, registered domestic partner, relatives of a registered domestic partner as listed above.
8. A person will not be eligible to serve if the person shares a financial interest as defined in Government Code §87103 with a Board of Supervisors Member.

Curriculum Vitae

MICHAEL D. WENER, D.P.M.

Personal Information



Hobbies: Mountain biking

Academic Background

Riverside College, Riverside, Ca. 9/61-6 63
University of California-Berkeley 9/63-6/64
California College of Podiatric
Medicine, San Francisco 9/64-5/68

Licenses: California Board of Medical
Quality Assurance: #E01281 9/3/68

California Board of Medical Quality
Assurance: Certificate to Perform
Surgical Treatment of the Ankle 7/18/84

Certification: DIPLOMATE-American Board of
Podiatric Surgery 8/16/76

DIPLOMATE-National Board of
Podiatry Examiners 7/1/68

CERTIFIED-Advanced Laser Surgery
in Podiatric Medicine 3/10/85

ASSOCIATE-American College of
Foot & Ankle Surgeons

Professional Positions

Private Practice: San Francisco since 1968
Podiatric Consultant: State of California, Dept. of Health
Services 1974-87
Blue Shield of California 1975--
Blue Cross of California 1984--
Bureau of Health Insurance
(Medicare) 1975--
Federal Medicare(Champus) 1975-81

Clinical Instructor, Dept. of Ambulatory & Community Medicine,
California College of Podiatric Medicine
1974-76

Clinical Instructor, Dept. of Podiatric Surgery,
California College of Podiatric Medicine
1974-76

Clinical Lecturer, California College of Podiatric Medicine
1983-84

Hospitals, Member of Medical Staffs, Full Foot & Ankle Surgery
Privileges

Pacific Coast Hospital 1968--
California Pacific Medical Center 1975--

(Chief, Division of Podiatry, Marshal Hale
Memorial Hospital, 1979-1982)

San Francisco SurgiCenter 1988--

Saint Francis Memorial Hospital 1974--
Member Credentials & Accreditation Committee 1991--
Member, Podiatry Representative, Surgery
Executive Committee 1991--

Society Memberships

American Podiatric Medical Association 1968--
California Podiatric Medical Association 1968--
San Francisco-San Mateo Counties Podiatry Society 1968--
President 1973-74

American Association of Hospital Podiatrists 1968-74

American Society of Law & Medicine

American Association of Podiatric Physicians & Surgeons

FELLOW- Academy of Ambulatory Foot Surgery 1975--

FELLOW- American Academy of Podiatric Microsurgery

Organizational Memberships

Phi Omega Delta Fraternity(Podiatric)

Phi Epsilon Pi National Fraternity(now Z.B.T.)

Founder-Podiatrists' Patient Care Association

Founder- Podiatrists' Indemnity Fund(Cayman) Ltd.

Founder-American Foot Health Council

Co Founder- National Chiropractic Council

Co Founder- American Acupuncture Council

Founder- International Association Services, Ltd.

Founder-International Associations' Coalition, Inc.

Honorary Achievements

Delegate- Western Podiatry Congress	1972-78
Trustee, San Francisco Medical Society Health Plans, Inc.-three terms	
Listed in <u>Who's Who In California</u>	1983
Examiner-American Board of Podiatric Surgery	1977-79

Publications

Feature article. "Multiple Neuromas of the Foot",
Current Podiatric Medicine, April 1985

POST RETIREMENT (2000)

Emeritus Status, Saint Francis Memorial Hospital, San Francisco.	2000-
Retired Staff, California Pacific Medical Center, San Francisco	2000-
Member, John Muir Medical Association, Walnut Creek	2001-
Certified Ombudsman, California Ombudsman Program, Concord	2001-
N.A.V.E.S. Program Volunteer, Inspection & Control Division, Office of the Sheriff, Contra Costa County	2003-
Docent, Oakland Zoo	2002-
Volunteer, Oakland Athletics	
Director, Rossmoor Medical Center, Walnut Creek	2000-
Vice Chairman, Rossmoor Medical Center, Walnut Creek	2002-04

Elder Abuse Expert, Victim Assistance Program, District Attorney's Office, Contra Costa County

Office of the Sheriff, Volunteer, Palm Beach County, Florida

American Red Cross, Member, Disaster Services (Doctor in Charge of Shelter at San Bruno Gas fire)

Medical Reserve Corp Contra Costa County-Member 2000-

F.A.S.T. certified

Consultant, Contra Costa County BAR Association

Elder Advocate Club, Rossmoor, Founder and President 2013-

Sons in Retirement- Member

Rossmoor Mens' Golf Club-Member of Board of Directors 2013-2016

Mutual 68 Finance Committee 2017-18

Golf Advisory Committee, Golden Rain Foundation, Rossmoor 2018-2020