

White River Health District dba Deschutes Rim Health Clinic, Maupin, OR

Application for Board Position

The White River Health District, Deschutes Rim Clinic, is served by a 5-member volunteer Board of Directors which acts to direct and guide Clinic operations. Board positions are generally filled through the electoral process. However, vacated positions may need to be filled when a mid-term vacancy occurs, and will be given the opportunity to apply to be elected to the same position when the electoral process is due. Board members are elected for a 4-year term.

Legal Name: _____

Mailing Address: _____

Home address: _____

Best phone contact number: _____

Email: _____

Why are you interested in serving as a Board Member for White River Health District?

Education: _____

General Experience and Background:

Do you have previous Special District of Oregon board experience? Yes No

If yes, please explain: _____

If no, please explain any previous board experience: _____

When are you most available to meet: Morning _____ Afternoon _____ Evening _____

Misc. Information: _____

Attestation questions to be completed by the Board applicant:

- a) Have you **ever** had a medical or legal license, certification, registration, bonding or membership denied, limited, suspended, revoked, not renewed, or subjected to stipulated or probationary conditions, had a corrective action, been fined or any such action pending or under review? Yes No
- b) Have you **ever** been suspended, fined, disciplined, restricted or excluded for any reason by any medical organization or other official governing body, or is there any such action pending or under review? Yes No
- c) Have you **ever** been denied privileges, membership or participation by any medical or other official governing body, placed on probation, suspended, restricted, revoked, or is there any such action pending or under review? Yes No
- d) Have you **ever** been the subject of any reports to a state or federal licensing or disciplinary entity? Yes No
- e) Have you **ever** been charged with a criminal violation (felony or misdemeanor)? Yes No
- f) Do you **presently** use any illegal drugs? Yes No
- g) Do you now have, or have you had, any physical or mental health condition, or chemical dependency condition (alcohol or other substances) that affects or is reasonably likely to affect your current ability to participate in regular meetings or discussions, in person or on-line, with or without reasonable accommodation? Yes No
- h) Have you ever had any professional liability claims or lawsuits filed against you, even if they have been closed? Yes No
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If so, please give details and dates for each claim or lawsuit (below or on a separate sheet of paper and attach to this application), even if they have been closed?

I certify the information provided in this entire application is complete, current, correct, and not misleading. I understand and acknowledge that any misstatements in, or omissions from this application will constitute cause for denial of my application or summary dismissal or termination of my participation on the White River Health Board of Directors. A photocopy of this application, including this attestation, the authorization and release and any or all attachments has the same force and effect as the original. I have reviewed this information and attest to its accuracy and completeness. Should any of this information change during my application or participation on the Board, I agree to update the information with District management.

Signature

Date
