



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 12/17/19

Item # 19-001174

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Thomas Nakatsuchi

Address: [REDACTED]

City & Zip: [REDACTED]

Day Phone: [REDACTED]

Fax Number: N/A

E-mail address: [REDACTED]

To the: Orange County HIV Planning Council
(Name of Board, Commission or Committee)

Position Slot: Category (K) Grantees under Section 300ff-71 of Title 42 of the United States Code, or, if none are operating in the area, representative of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area

Name of incumbent being replaced or last known member: Charles Scott Huffman, MD

Term of Office: ☒ 2 years or ☐ N/A(Choose one) ☒ From (Date) 01/01/20 to 12/31/21☐ Term Concurrent with Supervisor's Term of office☐ Term Concurrent with position

Vacancy created by (Choose one): ☐ Resignation ☐ Expiration of Term ☐ N/A
☐ Other: _____

Nomination to: ☒ Appoint ☐ Reappointment ☐ Newly Formed CommitteeQualifications: ☒ Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI ☐ Send Departure Letter ☐Contact Name _____ Supporting Agency _____ ☐ Mail or ☐ Pony

Appoint/Complete: ☐ Term Years _____ ☐ Term Dates: _____ to _____
☐ CWS ☐ Other _____

Check one: ☐ Scheduled Vacancy ☐ Unscheduled Vacancy

Posted on _____ to _____
Certification of posting attached



APPLICATION FOR COUNTY OF ORANGE
BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to:

Clerk of the Board of Supervisors
333 West Santa Ana Blvd., Suite 465
Santa Ana, California 92701
Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP
(SEE LIST AT [HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT](http://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT)):

Planning Council and Committee

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: ☐ First ☐ Second ☐ Third ☐ Fourth ☒ Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Thomas

Nakatsuchi

First Name

Middle Name

Last Name

Street Address

City

State

Zip Code

none

Home Phone Number

Cell Phone Number

Email Address

CURRENT EMPLOYER: OCHCA

OCCUPATION/JOB TITLE: Dental Officer

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: ☒ YES ☐ NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? ☒ YES ☐ NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Orange County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO./YR.)</u>	<u>TO (MO./YR.)</u>
America Dental Association	May 2013	current
California Dental Association	May 2013	current
Orange County Dental Society	Oct 2018	current

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? ☐ YES ☒ NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? ☐ YES ☒ NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 – AS THEY RELATE TO MARIJUANA)?

☐ YES ☒ NO

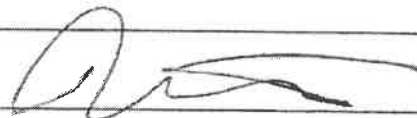
IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

Please see attached sheet.

DATE: 10/1/19

APPLICANTS SIGNATURE:



CLERK OF THE BOARD OF SUPERVISORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____
Date referred: _____	Deputy Clerk of the Board of Supervisors
To: <input type="checkbox"/> BOS District 1 <input type="checkbox"/> BOS District 2 <input type="checkbox"/> BOS District 3 <input type="checkbox"/> BOS District 4 <input type="checkbox"/> BOS District 5 <input type="checkbox"/> All BOS <input type="checkbox"/> BCC Contact Person Name _____	

Revised Date 02/07/19

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RECEIVED
9-16-19

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

To apply for membership please complete the application.

Have you ever served on the Planning Council (Check Yes or No): ☐ Yes If yes, what year(s) _____ ☒ No

What was the reason you left: _____

Have you ever served on a Committee (Check Yes or No): ☒ Yes ☐ No If yes, Which Committee(s)
Ryan White Quality Management

If you are no longer serving on the Committee(s), what was the reason you left: _____

This application is for: (All members of the Planning Council are required to serve on a standing committee).
☒ Planning Council Voting Membership OR ☐ Planning Council Affiliate Membership (See definition on page A):
Check committee(s) below:
☐ Committee Membership(s) Only (Check committee(s) below):
☐ Client Advocacy (HCAC) ☐ Integrated Plan Committee ☐ Priority Setting, Allocations, and Planning (PSAP)
☒ Other HIV-related Committee: Ryan White Quality Management

Contact information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Thomas Nakatsuchi Date: 9/13/19

Home Address: _____ State: CA Zip Code: _____

Work Address: _____ ☐ N/A State: CA Zip Code: _____

Email: _____

Fax: _____

What is your preferred contact phone number? _____

May we leave a message at the above contact phone number? ☒ Yes ☐ No

May we fax HIV -related materials to the above fax number? ☐ Yes ☒ No

May we email HIV -related materials to the above email address? ☒ Yes ☐ No

City of employment/residence: Check the one that applies.

☐ North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)

☐ Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)

☒ South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote. To register to vote go to registertovote.ca.gov

Are you a registered voter: ☒ Yes ☐ No, if no please explain: _____

Personal Profile:

Gender Identity: ☒ Male ☐ Female ☐ Transgender: Female-to-Male

☐ Transgender: Male-to-Female ☐ Not listed (specify): _____

Current Age: 31 Year of Birth: 1988

Cultural/Ethnic Identity: Check the ONE that best applies.

☐ African-American ☐ Pacific Islander (specify): _____

☒ Asian (specify): Japanese ☐ White/Caucasian

☐ Latino/a/x (specify): _____ ☐ Decline to State

☐ Native American (specify Tribe/Nation: _____) ☐ Not listed (specify): _____

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.	
<input type="checkbox"/> MSM (men who have sex with men)	<input type="checkbox"/> Person who injects drugs (PWID)
<input type="checkbox"/> MSM/PWID	
<input checked="" type="checkbox"/> Heterosexual <input type="checkbox"/> Perinatal <input type="checkbox"/> Unknown/Not reported <input type="checkbox"/> Other (Specify): _____	
Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select <u>ALL</u> that apply. If you have questions about the categories listed below, please contact (714) 834-8399.	
<input checked="" type="checkbox"/>	Health Care Providers, including Federally Qualified Health Centers
<input type="checkbox"/>	Community Based Organizations serving affected populations/AIDS Service Organizations
<input type="checkbox"/>	Social Service Provider, including housing and homeless service provider
<input type="checkbox"/>	Mental Health Provider
<input type="checkbox"/>	Substance Abuse Provider
<input checked="" type="checkbox"/>	Local Public Health Agency
<input type="checkbox"/>	Hospital Planning Agency or Health Care Planning Agency
<input type="checkbox"/>	State Medicaid Agency
<input type="checkbox"/>	State Part B Agency
<input type="checkbox"/>	Part C Provider
<input checked="" type="checkbox"/>	Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)
<input type="checkbox"/>	Other Federal HIV Program (Prevention Services)
<input type="checkbox"/>	Other Federal HIV Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
<input type="checkbox"/>	Other Federal HIV Program (HOPWA)
<input type="checkbox"/>	Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
<input type="checkbox"/>	Non-Elected Community Leader
<input type="checkbox"/>	Affected Communities: PLWH Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
<input type="checkbox"/>	Affected Communities: PLWH and Historically Underserved Subpopulations
<input checked="" type="checkbox"/>	General Community Member
Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check <u>ALL</u> that apply or N/A.	
<input type="checkbox"/>	Person living with HIV
<input type="checkbox"/>	Representatives of HIV Care Services
<input type="checkbox"/>	Representatives of HIV Support Services
<input type="checkbox"/>	Representatives of HIV Prevention Services
<input type="checkbox"/>	Representatives of Affected Communities

Please describe below how you qualify to represent the category/ies marked above:

Dental Health Officer of the OCHCA

Oversee the dental clinic where we treat Ryan White patients, children, and adults.

I review Dental Prior Authorizations for Ryan White contracted dentists in the area.

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

Affirmation of Membership Commitment:

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name: Thomas Nakatsuchi

Signature:



Date: 9/16/19

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? OCHCA ☐ Does not apply

Type of Business/Agency County Public Health Job Title Dental Officer

Is your current employment HIV related? ☒ Yes ☐ No

Briefly describe your responsibilities:

Supervise the Children's , Ryan White, and Adult Emergency Clinics

Take part in the Local Oral Health Program; Go to workgroup meetings every week to discuss ways to better the Oral health Care in our County; Go out in the community to provide screenings and information on dental health.

Review Prior Authorizations for contracted Ryan White Dentists

Treat patients

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.

Orange County Dental Society: Take Part In Continue Education Courses, Discussions of future plans to incorporate Membered Dentists into the OCHCA dental clinic

Alameda County Dental Society (Past) : Group events, Continue education courses

Tulare County Dental Society (Past) : Group events, Continue education courses

California Dental Association: Go to yearly Convention at either SF or Anaheim

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.

As the Dental Health Officer, I am overseeing our county HIV clinic, directly providing care to the HIV population, and also authorizing treatment requests from contracted Ryan White Dentists in the area. The dental portion of Ryan White Program is a large portion of the allocated funds. I want to make sure the funds are being used up properly. I want to make sure management and the HIV patients understand basic dental terms and rules that other insurances such as Medi-cal use to help their beneficiaries maintain optimal oral health, but limiting excess and esthetic needs. I have a fairly good understanding the Medi-Cal /Denti-Cal guidelines. I have been to numerous lectures on the topic and treated hundreds of Ryan White Patients at several FQHC's across California.

I know I am well versed in the Dental field, but I would definitely want to know more about the other fields related to the Ryan White Program. Being a part of this council/committee, would give me the understanding and interaction with other departments. Being well rounded and knowing more facts about the program will help my staff and I to better serve our patients.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

APAIT
Orange County Health Care Agency (including 17th Street Care and 17th Street Dental)
Public Law Center
Radiant Health Centers
Shanti Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signatures below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received funding from Ryan White Part A.

Signature: _____

Date: _____

Print or Type Name: _____

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White Part A.

Organization: Orange County Health Care Agency

Period of Affiliation: June 2019 - Current

Title/Relationship: Dental Health Officer

(Please attach additional pages as necessary)

Signature: _____

Date: 9/16/19

Print or Type Name: Thomas Nakatsuchi

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.

PURPOSE OF DISCLOSURE OF HIV STATUS: Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

☐ Yes ☐ No

Are you receiving HIV services at a Ryan White Part A-funded Agency

☐ Yes ☐ No

If Yes, please indicate which Agency or Agencies _____

In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed. If you are not applying as an unaligned consumer you DO NOT need to disclose your HIV status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV STATUS

I, the undersigned, hereby voluntarily acknowledge that I am living with HIV and authorize the public DISCLOSURE of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

The information below describes the required disclosure of PLWH co-infected with Hepatitis B or C.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS: Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed. If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: _____

Date: _____

As the Dental Health Officer, I am overseeing our county HIV clinic, directly providing care to the HIV population, and also authorizing treatment requests from contracted Ryan White Dentists in the area. The dental portion of Ryan White Program is a large portion of the allocated funds. I want to make sure the funds are being used up properly. I want to make sure management and the HIV patients understand basic dental terms and rules that other insurances such as Medi-cal use to help their beneficiaries maintain optimal oral health, but limiting excess and esthetic needs. I have a fairly good understanding the Medi-Cal /Denti-Cal guidelines. I have been to numerous lectures on the topic and treated hundreds of Ryan White Patients at several FQHC's across California.

I know I am well versed in the Dental field, but I would definitely want to know more about the other fields related to the Ryan White Program. Being a part of this council/committee, would give me the understanding and interaction with other departments. Being well rounded and knowing more facts about the program will help my staff and I to better serve our patients.

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION QUIZ

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are **NOT** automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

Please circle answers below and submit your completed quiz with your application.

Applicant Name: Thomas Nakatsuchi

1. The role of the Council is:
 - A. Assess the needs of persons living with HIV (PLWH)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - ☒ D. All of the Above
2. Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - ☒ D. All of the Above are Council Duties
3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
 - ☒ A. Filling a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data **NOT** special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees
4. In order to be considered an Unaligned Consumer on the Council; one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
 - C. Be a resident of Orange County
 - ☒ D. All of the above are required to be an Unaligned Consumer of the Council
5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue
 - ☒ D. We avoid making impassioned pleas and we make decisions based on data

[D]

Thomas Nakatsuchi

CERTIFICATIONS AND LICENSES

Licensed Dentist in California (Western Region): #65112. CPR and First Aid Certified. Current CDA/ADA member. Orange County Dental Society Member. Current DEA License.

PROFESSIONAL EXPERIENCE

<u>Genesis Dental Private Office</u> (Mission Viejo, CA)	Aug 2018 – Current
<i>General Dentist</i>	
<u>Vista Community Clinic</u> (Vista, CA)	July 2018 – Current
<i>General Dentist</i>	
<u>Tri-City Health Center</u> (Fremont, CA)	Nov 2016 – July-2018
<i>General Dentist</i>	
<u>San Pablo Dental Care Private Office</u> (San Pablo, CA)	Oct 2017 – March 2018
<i>General Dentist</i>	
<u>Family Health Care Network</u> (Hanford, CA)	Nov 2015 – Nov 2016
<i>General Dentist</i>	

_____ = Federally Qualified Health Clinics (FQHC)

DESCRIPTION OF DUTIES

FQHC

- Familiar with how FQHC's are regulated across Northern, Central and Southern California
- Treat a large pool of teens and children daily at each Clinic. Competent in sealants, primary teeth extractions, Silver Diamine Fluoride application, Fuji fillings, pulpotomies, stainless steel crowns, space maintainers
- Knowledge of Preventative Care (Fluoride application, Hygiene Instructions and Diet Control)
- Contribute a solid understanding of Medi-cal/Denti-cal guidelines to the dental team regarding children, teens, adults, and geriatric patients. Numerous conversations regarding rules and regulations with Medi-Cal associates. Put together a phone conference with Medi-Cal associate to discuss billing issues and coding with both front staff, dentists, and assistants
- Work with Chief Financial Officer to develop incentives for medical and dental providers.
- Lead provider in resolving conflicts between doctors and patients at the dental clinic. Compassionate about every patient and every visit.

- Developed welcoming documents discussing policies and lengths of times for appointments/procedures
- Work with Dental Director and Office Manager to help establish systems for the new dental clinic
- 18-24 patient encounters during a 10 hour work period.
- Comfortable diagnosing, fabricating, and adjusting immediate and regular dentures/partials in a clinic setting.
- Completed oral exams; composite fillings; cleanings; extractions; crowns; and numerous night guards
- Provided tobacco counseling to patients and work with other clinic staff to effectively educate patients about their course of treatment to increase the likelihood of compliance.
- Appropriately referred patients to specialists and relevant patient care components.
- Worked with nurses, physicians, and physician assistants to treat complex cases.
- Hire, train, and manage a team of support personnel and dental assistants.
- Scheduled patient appointments and create work schedules for staff.
- Created a welcoming clinic that caters to patients from diverse ethnic and economic backgrounds.
- Handled hundreds of emergency visits that include a unique assortment of patient cases, such as swollen face, broken teeth, and broken appliances.

Private Office

- Troubleshooting post-operative pain due to immediate implant placement
- Firm understanding of advertising (website/Facebook/Yelp/blogging/mailers)
- Gained knowledge of PPO/Fee for service dentistry
- Firm understanding of OSHA/HIPPA regulations

LANGUAGES

Basic Spanish (basic conversation for dental treatment needs).

EDUCATION AND CLINICAL TRAINING

Loma Linda University School of Dentistry (Loma Linda, CA)

Sept 2011 – May 2015

Doctor of Dental Surgery

Relevant coursework and clinical experience: Preventive, Oral Diagnosis, Restorative, Periodontics, Patient Management, Law and Dentistry, Medical Emergencies, Pharmacology, Pathology (systemic, head/neck, oral), Implants, Occlusion, Head and Neck Disorders, Endodontics, Fixed and Removable Prosthodontics, Pediatrics, Oral Surgery, and Religious/Ethical Studies.

University of California, Berkeley (Berkeley, CA)

Aug 2006 – May 2010.

Bachelors of Arts, Integrative Biology

Relevant coursework: Sculpting, Oil Painting, and Charcoal Drawings.

Activities: Pre-dental Society (2006 – 2010) and Asian American Association (2006 – 2008).