



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 Committee

Qualifications: 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):

Planning Council and Committee

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [] Second [] Third [] Fourth [x] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Thomas Nakatsuchi (First Name, Middle Name, Last Name)

[Redacted] (Street Address, City, State, Zip Code)

none [Redacted] (Home Phone Number, Cell Phone Number)

[Redacted] (Email Address)

CURRENT EMPLOYER: OCHCA

OCCUPATION/JOB TITLE: Dental Officer

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

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: [x] YES [] NO IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [x] 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>
<u>America Dental Association</u>	<u>May 2013</u>	<u>current</u>
<u>California Dental Association</u>	<u>May 2013</u>	<u>current</u>
<u>Orange County Dental Society</u>	<u>Oct 2018</u>	<u>current</u>

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)?

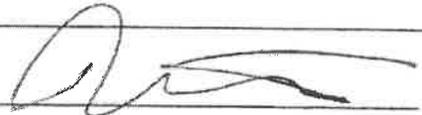
YES NO

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: _____

Deputy Clerk of the Board of Supervisors

Date referred: _____

To: BOS District 1 BOS District 2 BOS District 3 BOS District 4 BOS District 5

All BOS BCC Contact Person Name _____



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: [Redacted] State: CA Zip Code: [Redacted]

Work Address: [Redacted] N/A State: CA Zip Code: [Redacted]

Email: [Redacted]

Fax: _____

What is your preferred contact phone number? [Redacted]

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.

MSM (men who have sex with men) Person who injects drugs (PWID) MSM/PWID

Heterosexual Perinatal Unknown/Not reported 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 ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399.

Health Care Providers, including Federally Qualified Health Centers

Community Based Organizations serving affected populations/AIDS Service Organizations

Social Service Provider, including housing and homeless service provider

Mental Health Provider

Substance Abuse Provider

Local Public Health Agency

Hospital Planning Agency or Health Care Planning Agency

State Medicaid Agency

State Part B Agency

Part C Provider

Part D Provider (If none, representative of organization with a history of serving children, youth, women, and families living with HIV)

Other Federal HIV Program (Prevention Services)

Other Federal HIV Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)

Other Federal HIV Program (HOPWA)

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

Non-Elected Community Leader

Affected Communities: PLWH Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)

Affected Communities: PLWH and Historically Underserved Subpopulations

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 ALL that apply or N/A.

Person living with HIV

Representatives of HIV Care Services

Representatives of HIV Support Services

Representatives of HIV Prevention Services

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

_____ = 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).