



# ORANGE COUNTY BOARD OF SUPERVISORS

## NOMINATION FOR BOARDS, COMMISSIONS & COMMITTEES

AGENDA DATE: 2-7-12

ITEM # \_\_\_\_\_

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: David Thiessen, Agency Advisory Board Coordinator  
HCA/ Quality Management*It is my intent to appoint:*Name: Robert Katzer, MD

Address: \_\_\_\_\_

City &amp; Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

To the: Emergency Medical Services Quality Assurance Board  
(Name of Board, Committee or Commission)Position Slot, if applicable: Regular MemberName of incumbent being replaced: Larry GrihalvaTerm: Years 2 From 7/1/11 to 6/30/13Vacancy created by: ☐ Newly Formed Committee ☐ Resignation ☐ Reappointment  
☒ Expiration of Term ☐ Other \_\_\_\_\_Qualifications: ☒ Attached ☐ Not Required

Remarks: \_\_\_\_\_

### For Clerk of the Board Use Only

Clerk's Initials: \_\_\_\_\_ File I.D. \_\_\_\_\_ ☐ Needs a COI ☐ Departure LetterContact Name \_\_\_\_\_ Supporting Agency \_\_\_\_\_ ☐ Mail or ☐ PonyComplete: ☐ Term: \_\_\_\_\_ Years ☐ Term Dates: \_\_\_\_\_ to \_\_\_\_\_Check one: ☐ Scheduled Vacancy ☐ Unscheduled VacancyPosted \_\_\_\_\_ to \_\_\_\_\_  
Certification of posting attached