



Submitted application for

SANTA CRUZ-MONTEREY-MERCED-SAN BENITO-MARIPOSA MANAGED MEDICAL CARE COMMISSION

Email *

This Form and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.

First Name *

MI

Last Name *

Address 1 *

City *

State *

CA

Postal Code *

93901

Some boards and commissions require membership to be racially, politically or geographically proportionate to the general public. The following information helps track our recruitment and diversity efforts.

Ethnicity

White

Gender

Male

What district do you live in? *

District 5

Primary Phone *

[Redacted]

Alternate Phone *

[Redacted]

Please identify how you prefer to be contacted.

Email

Are you currently serving on a County of Monterey Board, Commission, Committee or other Community Advisory Group? *

Yes

If yes, please list

Santa Cruz-Monterey-Merced-San Benito-Mariposa Managed Care Commission, County of Monterey TB Controller

Interests & Experiences

Please tell us about yourself and why you want serve

Chief Executive Officer, Salinas Valley Health Clinic Chief Medical Officer, Salinas Valley Health Administrative Director and Consultant, Regional Wound Care Program Medical Director, Natividad Immunodeficiency and Infectious Diseases Clinic Tuberculosis Controller, Monterey County Health Department Consultant in Infectious Diseases for Salinas Valley Memorial Healthcare System, Natividad Medical Center, Community Hospital of the Monterey Peninsula Clinical Professor, Department of Family and Community Medicine, UCSF School of Medicine

Please state the reason you would like to be a member of this board committee/commission/district.

I would like to continue to contribute to the CCAH board as a provider or hospital representative (both as a practicing clinician and as a healthcare system administrator). It has been an honor serving on this board to date.

Have you served on an advisory group before?

Yes

How did you hear about the position?

I was encouraged to reapply by the current CEO of the plan (with all interested current board members).

Monterey County Policy - states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member *

Yes

Background Information

Upload a resume with the names, addresses, and dates of employers for the last five (5) years.

[View Resume \(/BCAndCApply/Files/Radner CV 2023 + Board Letter 2019.pdf\)](#)

Employer

Salinas Valley Health

Job Title

Chief Medical Officer

Occupation

Administrative

Employer Address

N/A

Information Regarding Conflict of Interest and Filing of Statements of Economic Interests (Form 700)

State and local law requires that you abstain from participation in decisions that may affect your financial interest, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interest beginning with the immediate 12 months period prior to your appointment.

In accordance with Government Code Sections 87313 and the County of Monterey's Conflict of Interest Code, this Board/commission/Committee/District, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosures are:

- Investments
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income – Travel Payments, Advances, Reimbursements
- Income gifts
- Business Positions
- Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

If you have any questions regarding disclosure requirements, please contact the Clerk of the Board's office at 831-755-5066.

Please identify any specialized accommodations needed for equal participation:

N/A

I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Enter Your Initials *

ABR