

**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office: _____

From: (BCC or District Office): Hospital CouncilBoard of Supervisors Meeting Date: July 12, 2016Name of Board, Commission, or Committee: Emergency Medical Care CommitteeRepresenting: Hospital AdministrationName of Appointee: Carla A. Spencer, MSN, RN, CCRN

Check one:

New Term X

Reappointment _____

Filling an unexpired term _____ (if checked, list who is being replaced and reason below)

Replacing which member: _____

*TERM EXPIRATION DATE: 6/30/2018***Maddy Act Regulations:**If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: _____

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI

Form Updated 07-16-15