



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board

From: Michael Petrie, EMS Bureau Chief/EMS Agency Director

Board of Supervisors Meeting Date: **June 19, 2018**

Name of Board, Commission, or Committee: Emergency Medical Care Committee (EMCC)

Representing: Hospital Council's Representative

Name of Appointee: Carla A. Spencer, MSN, RN, CCRN

Check one:

New Term: _____

Reappointment: X

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

Replacing which member:

TERM EXPIRATION DATE: **June 30, 2020**

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: _____