Agenda Item #:



PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS BOARD APPOINTMENT SUMMARY

Meeting Date:

June 29, 2010

Department:

PUBLIC SAFETY DEPARTMENT / EM / EMS

Advisory Board:

Emergency Medical Services Advisory Council

I.EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: the reappointment of one (1) "At Large Seat" and the appointment of one (1) "At Large Seat" to the Emergency Medical Services Advisory Council (EMS Council) for the terms indicated:

Re-appoint Joann Franklin	Representing/Seat # ER Nurses Forum #2	Term 04/20/10 – 04/19/12	Nominated by: Comm. Marcus Comm. Koons Comm. Taylor
Appoint Dr. Craig Kushnir	Emergency Room Physician #7	04/20/10 - 04/19/12	Comm. Marcus Comm. Koons Comm. Taylor
Appoint	OR		
	Emergency Room Physician #7	04/20/10 04/19/12	Comm. Marcus Comm. Koons Comm. Taylor

Summary: Per Resolution (R2009-0248), the Board of County Commissioners approved a representative make-up of the Emergency Medical Services Council to include eighteen (18) members. Eleven (11) members are representatives of the various components of the EMS system with specific requirements and seven (7) members are Commission District Consumer appointments.

A memo was sent to all Board members on May 7, 2010 seeking nominations for the above two (2) at-large seats. Seat No. 7 has two (2) nominations. Seat No. 2 is seeking reappointment. Countywide (DW)

Background and Justification:

The purpose of the EMS Council is to provide recommendations for improving Emergency Medical Services in Palm Beach County. The diversity of the current board members is as follows: 13 white males, 2 black males, 1 black female and 1 white female.

Attachments:

- 1. Memo to BCC/ Board Appointment Information
- 2. Resolution R2009-0248
- 3. List of current members
- 4. Resumes'
- 5. Palm Beach County Code of Ethics
- 6. State Guide to the Sunshine Amendment & Code of Ethics

Recommended by:

| Mace | Somboul | 6/18/10 |
| Department Director | Date |
| Assistant County Attorney

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Emergen	cy Medical Servic	es Advisory Co	ouncil		
[X] At Large Ap	pointment	or	[] District Ap	pointment	
Term of Appointment:	2 Years.	From:	April 20, 2010	To: April 19, 20	012
Seat Requirement: ER	Nurses Forum			Seat #:2	
[》]*Reappointme	ent	or	[] New Appoi	ntment	:
or [] to complete term of	the		Due [] resignation [] other
Completion of term to expire on:			to:	•	
*When a person is bein conflicts shall be consid Number of prev	g considered for a lered by the Boar viously disclosed v	d of County C	ommissioners.		voting
Part II (to be filled out APPLICA	and signed by Ap ANT, UNLESS EX	oplicant): (Ple (EMPTED, M	ase Print) UST BE A COU	NTY RESIDENT	
Name: Franklin		Joan	n 🍋 🥝 🖟		
	Last		First	Midd	le
Occupation/Affiliation:	Registered Nurs	e – Director of	Emergency Servi	ices	
Business Name:	Wellington Regi	onal Medical (Center		#
Business Address:	10101 Forest Hi	ll Blvd.	*.		***
City & State	Wellington, FL		Zip Co	ode: 33414	
Residence Address:	9214 Delmar Ct				
City & State	Wellington, FL		Zip C	ode: 33414	
	61)790-7511		ness Phone: (561) 798-8500	Ext.
	61) 647-7918	Fax:) n/a	
	n.franklin@uhsi				
Mailing Address prefer	rence: [X] Busin	ess [] Resid	ence		
Have you ever been con	victed of a felony:	Yes	No.		
in 168, state the court, in	otrono of officer 1		NO		
	ature of offense, d	sposition of ca	se and date:		
Minority Identification	ature of offense, d	sposition of ca	se and date:		
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Part I (to be filled out by Department): (Please Print) Board Name: Emergency Medical Services Advisory Council [X] At Large Appointment or [] District Appointment Term of Appointment: 2 Years. From: April 20, 2010 To: April 19, 2012 Seat Requirement: ER Nurses Forum Seat #: []*Reappointment or [] New Appointment to complete the Due resignation [] other term of Completion of term to expire on: *When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners. Number of previously disclosed voting conflicts during the previous term Part II (to be filled out and signed by Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT Name: Franklin Joann Last **First** Middle Occupation/Affiliation: Registered Nurse - Director of Emergency Services **Business Name:** Wellington Regional Medical Center **Business Address:** 10101 Forest Hill Blvd. City & State Wellington, FL Zip Code: 33414 Residence Address: 9214 Delmar Ct. City & State Wellington, FL Zip Code: 33414 Home Phone: (561)790-7511 Business Phone: (561) 798-8500 Ext. Cell Phone: (561) 647-7918 Fax:) n/a **Email Address:** joann.franklin@uhsinc.com Mailing Address preference: [X] Business [] Residence Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case and date: **Minority Identification Code:** [] IF (Native-American Female) [] IM (Native-American Indian Male) [] AF (Asian-American Female) [] AM (Asian-American Male) [] BF (African-American Female)] BM (African-American Male) [] HF (Hispanic-American Female) [] HM (Hispanic-American Male) [X] WF(Caucasian Female)] WM (Caucasian Male) Applicant's Signature: Date: 4.30-0 Part III (to be filled out by Commissioner): Appointment to be made at BCC Meeting on

Commissioner's Signature?

Date:

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Completion of term to expire on:	to:			
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Name: Franklin Joann				
Last	First		Middle	
Occupation/Affiliation: Registered Nurse – Director of	Emergency Se	rvices		
Business Name: Wellington Regional Medical C	Center			
Business Address: 10101 Forest Hill Blvd.				
City & State Wellington, FL	Zip	Code:	33414	
Residence Address: 9214 Delmar Ct.				
City & State Wellington, FL	Zip	Code:	33414	
C 11 TO	ness Phone:		B-8500 Ext.	
Cell Phone: (561) 647-7918 Fax: Email Address: joann.franklin@uhsinc.com	-	() n/a		
Mailing Address preference: [X] Business [] Reside	ence			
Have you ever been convicted of a felony: Yes If Yes, state the court, nature of offense, disposition of case	No se and date:	<u>.</u>		
[] AF (Asian-American Female) [] AM (As [] BF (African-American Female) [] BM (African-American Female) [] FM (His [X] WF(Caucasian Female) [] WM (Caucasian Female) [ive-American ian-American rican-America panic-America ucasian Male) Date	Male) n Male) an Male)		
Appointment to be made at BCC Meeting on:			3/19/1	
Commissioner's Signature:	<u></u>	Date: _	118/18	-

JoAnn K. Franklin 9214 Delemar Court

Wellington, Florida
Home Phone (561) 790-7511
Cell Phone (954) 647-7918

EDUCATION

Present

Bachelor Degree in Nursing Florida Atlantic University Boca Raton, Florida

1992

Associate Degree in Nursing RN Passaic County Community College Paterson, New Jersey

1986

LPN
Bergen Pines County Hospital
Paramous, New Jersey

Career Goal

To continue a career in healthcare management which will afford an opportunity for continued professional and personal growth.

Professional Experience

11/2004-Present

Wellington Regional Medical Center

Wellington, Florida

Administrative Supervisor

11/2006-Present

North Broward Medical Center

Pompano Beach, Florida

Administrative Supervisor (Pool)

8/2003-11/2004

Broward General Medical Center

Ft. Lauderdale, Florida Administrative Supervisor

11/1998-8/2003 North

North Broward Medical Center

Pompano Beach, Florida

Assistant Nurse Manager MNICU/STICU

11/1993-11/1998

North Broward Medical Center

Pompano Beach, Florida

SICU Staff and Alternate Charge

10/1992-10/1993

Adventura Hospital Adventura, Florida ICU/CCU Charge nurse

09/1992-10/1992

Englewood Hospital Englewood, NJ

Medical Surgical Charge Nurse

10/1986-09/1992

Englewood Hospital Englewood, New Jersey Medical Surgical LPN

STRENGTHS

I will always go above and beyond with my job duties. I remain calm and professional during times of critical need. I have a great understanding of the importance of developing a good rapport with pt, families, staff and Physicians. I have a proven record of reliability and responsibility. I have been working extra in the ER at WRMC for the past 2 years doing triage and working in the main ER. I know the importance of the keeping the pt's moving thru the ER as quick as possible. I work very closely with the staff and Physicians to maintain an environment of TEAM WORK. I am self motivated with extreme flexibility to help get the job done and at the same time keeping within the budget.



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: http://www.pbcgov.com/ethics/advisory.htm

Yes, submit a wavier to the Board of County Commissioners, since I or my employer have/has the above named contract(s); OR At this time, I nor my employer have contract(s) with the Board of County Commissioners As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance. If you are unable access the training and/or Ordinance on the web, please contact Lynet Schurter at 561-712-6696 for other arrangements. Acknowledgment of Receipt NAME: Print or Type FIRM/COMPANY/ORGANIZATION:	Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
At this time, I nor my employer have contract(s) with the Board of County Commissioners As a (current or potential) advisory board member you are required to receive training on the PBC Code of Ethics and acknowledge that you have read and understand the PBC Code of Ethics Ordinance. If you are unable access the training and/or Ordinance on the web, please contact Lynet Schurter at 561-712-6696 for other arrangements. Acknowledgment of Receipt NAME: Print or Type				
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NAME: Acknowledgment of Receipt Print or Type			c on the web, pieuse	contact Lyncole
NAME: Dan Franklin Print or Type				
NAME: Dan Franklin Print or Type				
Print or Type		Acknowledgment of Receipt		
Print or Type	NAME:	Frakl		
FIRM/COMPANY/ORGANIZATION:		it of Type		
	FIRM/COMPANY/ORG	SANIZATION:		



Department of Public Safety Division of Emergency Management

20 S. Military Trail
West Palm Beach, FL 33412
(561) 712-6400
Fax: (561) 712-6464
www.pbcgov.com

Palm Beach County Board of County Commissioners

Burt Aaronson, Chair
Karen T. Marcus, Vice Chair
Jeff Koons
Shelly Vana
Steven L. Abrams
Jess R. Santamaria
Priscilla Taylor

County Administrator

Robert Weisman



"An Equal Opportunity
Affirmative Action Employer"

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: http://www.pbcgov.com/ethics/advisory.htm

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Lynette Schurter, 20 S. Military Trail, West Palm Beach, FL 33415. If you cannot access this document on the web, please contact Lynette Schurter at 561-712-6696 for other arrangements.

Acknowledgment of Receipt

NAME:

Print or Type

ADVISORY BOARD(S):

En S Advisory Counce.

En Nurses Forum

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature:

Date: 4-30-10

Please sign and return to Administration in self-addressed envelope provided

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[X] At Large A	ppointment	or	[] Distric	ct Appoi	ntment	
Term of Appointment:	2 Years.	From:	April 20, 2	2010	To: April 1	9, 2012
Seat Requirement: Em	ergency Room Phys	sician			Seat #:	7
[]*Reappointme	ent	or	[X] New	Appoint	ment	
or [] to complete term of	the		Due to:	[]	resignation	[] othe
Completion of term to expire on:			10.			
Part II (to be filled out	viously disclosed vo	of County Coting conflicts	ommissione during the p	e rs. erevious	term	
Name: Delhamer	,	Bran				
	Last	Dian	First		AN	Iiddle
Occupation/Affiliation:	Emergency Roon	n Physician – V	Wellington R	Regional	Hospital	
Business Name:	Wellington Region					
Business Address:	10101 Forest Hill	Blvd.				4.
City & State	Wellington, FL		Zi	ip Code:	33414	
Residence Address:	11249 Brandywir	· ne Lake Way				
City & State	Wellington, FL		77:	:- O- 1	20444	
Home Phone: ()561- 375-9226	Busin	ness Phone:	ip Code:	33414) 798-8500	F4
Cell Phone: primary ()561-926-3327	Fax:	ress i none.		1/a	Ext.
Email Address: bdel	hamer@gmail.con	1				· · · · · · · · · · · · · · · · · · ·
Mailing Address prefer Have you ever been con If Yes, state the court, no	victed of a felony:	Yes	No i		·	·
Minority Identification [] IF (Native-America [] AF (Asian-America [] BF (African-Americ [] HF (Hispanic-Americ [] WF(Caucasian Female Applicant's Signature Part III (to be filled out Appointment to be made Commissioner's Signature	n Female) an Female) can Female) can Female) the Commissioner at BCC Meeting of	n:	an-Americanican-Americanic-Americanic-Americanic-Americanicanicanicanicanicanicanicanicanican	n Male) an Male can Male e) te: <u>04</u>	e) 30//D ee:S 3	0/10
Pursuant to Florida's Public Records	Law, this document may be	reviewed and photoc	opied by member o	of the public	. Ro	evised 1/2010

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[]*Reappointme	ent	or	[X] New	Appoin	tment	
or [] to complete term of	the		Due	[]	resignation	[] other
Completion of term to expire on:			to:			
Part II (to be filled out	viously disclosed	ed of County (voting conflicts oplicant): (Pl	Commission of the property control of the property control of the	e rs. previous	term	
Name: Delhamer		Bra		JOUNI	•	1
	Last	Dia	First	···	A.	Middle
Occupation/Affiliation:	Emergency Roo	m Physician –	Wellington I	Regiona	l Hospital	
Business Name:	Wellington Reg	ional Medical (Center			
Business Address:	10101 Forest Hi	ll Blvd.				-
City & State	Wellington, FL	·	Z	ip Code	: 33414	
Residence Address:	11249 Brandyw	ine Lake Way	r			
City & State	Wellington, FL		Z	ip Code	: 33414	
Home Phone: ()561- 375-922		ness Phone:) 798-8500	Ext.
) 561 – 926 – 3327 hamer@gmail.co			()	n/a	
Mailing Address prefer	rence: [X] Busine	ess [] Resid	ence			
Have you ever been com If Yes, state the court, no	victed of a felony: ature of offense, di	Yes	No se and date:	<u>/</u> 		
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Name: Delhamer	T.	Brai			Α.	
	Last		First		M	iddle
Occupation/Affiliation:	Emergency Room	Physician -	Wellington R	egional	Hospital	
Business Name:	Wellington Region	nal Medical (Center			
Business Address:	10101 Forest Hill	Blvd.				a.
City & State	Wellington, FL		Zi	p Code:	33414	
Residence Address:	11249 Brandywin	e Lake Way	,			
City & State	Wellington, FL		7i	p Code:	33414	
)561- 375-9226	Busin	ness Phone:	•	798-8500	Ext.
Cell Phone: primary (Email Address: bdel) 58j - 926 - 3327 hamer@gmail.com	Fax:		() n	/a	
Mailing Address prefer			ence			
Have you ever been con If Yes, state the court, no	victed of a felony: \	7es	No i			
Minority Identification [] IF (Native-America [] AF (Asian-America [] BF (African-Americ [] HF (Hispanic-Americ [] WF(Caucasian Fema Applicant's Signature Part III (to be filled out	n Female) n Female) an Female) can Female) tel by Commissioner	[] AM (As: [] BM (Afr [] HM (His: [X] WM (Ca	ive-Americanian-Americanican-Americanpanic-Americanicanicanicanicanicanicanicanicanican	Male) an Male) an Male)	
Commissioner's Signatu		A)	· ————————————————————————————————————	Date		<u> </u>
Pursuant to Florida's Public Records	Law, this document may be r	eviewed and photoc	copied by member of	f the public.	Re	vised 1/2010



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

Effective May 1, 2010, contractual relationships between Palm Beach County government and advisory board members, their employers, or businesses, are prohibited conflicts of interest as set forth in the Palm Beach County Code of Ethics, Ordinance 2009-051. This conflict of interest must be waived by an affirmative vote of five (5) members of the Board of County Commissioners upon full disclosure at a public meeting in order to accept appointment to an advisory board. In the space provided below, please identify any such contractual relationships, or verify that none exist at this time. The Ordinance (2009-051) and the training requirement can be found on the web at: http://www.pbcgov.com/ethics/advisory.htm

Type of Contract	Which Department/Division	Effective Date	Term
	•		
			
At this time, I n As a (current or potential) PBC Code of Ethics and Ethics Ordinance.	or my employer have contract(s) with advisory board member you a acknowledge that you have restricted the training and the Color.	re required to receive ad and understand th	training on the e PBC Code of
Schurter at 561-712-6696 fo	the training and/or Ordinance or other arrangements.	on the web, please	contact Lynette
NAME: Brand A. Do	knowledgment of Receipt Type NIZATION:	Dw	



Department of Public Safety Division of Emergency Management

20 S. Military Trail
West Palm Beach, FL 33412
(561) 712-6400
Fax: (561) 712-6464

www.pbcgov.com

Palm Beach County Board of County Commissioners

Burt Aaronson, Chair
Karen T. Marcus, Vice Chair
Jeff Koons
Shelly Vana
Steven L. Abrams
Jess R. Santamaria
Priscilla Taylor

County Administrator

Robert Weisman



"An Equal Opportunity
Affirmative Action Employer"

provided.

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

As an appointee to a Palm Beach County Advisory Board, you must familiarize yourself with the State Guide to the Sunshine Amendment and Code of Ethics. The purpose of this guide is to ensure adherence to the highest standards of ethics, protect the integrity of County government and foster public confidence.

This guide addresses conflict of interest, disclosure, acceptance and reporting of gifts, use of position or property, voting conflicts, political activities, prohibition against misuse of the code, and enforcement. This Guide also addresses conflicts, prohibitions on doing business with the County or having conflicting employment or contractual relationships. The Guide can be found on the web at: http://www.pbcgov.com/ethics/advisory.htm

Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Lynette Schurter, 20 S. Military Trail, West Palm Beach, FL 33415. If you cannot access this document on the web, please contact Lynette Schurter at 561-712-6696 for other arrangements.

Acknowledgment of Receipt NAME: Scance Acknowledgment of Receipt
Print or Type
ADVISORY BOARD(S): FNS
I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.
Signature: Date: 09/30 /10
Please sign and return to Administration in self-addressed envelope

Brandt A. Delhamer, MD FAEEM <u>bdelhamer@gmail.com</u> 11249 Brandywine Lake Way Boynton Beach, FL 33473

Employment History

2006-present Wellington Regional Medical Center

Emergency Specialists of Wellington-Wellington, FL

Emergency physician and Director of EMS Affairs-providing emergency medical care for the population of western Palm Beach County.

While serving in this capacity I have helped design and implement the hospital's **Hypothermia for Cardiac Arrest** protocol, a peer reviewed method for maximizing the recovery potential for some of our sickest patients. During my tenure and thanks to the efforts of our group, our emergency department has seen a 40 percent increase in patient volume without adding a single inpatient bed. I have also served as the hospital's **Director of EMS Affairs**, actively communicating in the ER with the men and women of our community's various emergency medical services to help the physicians and staff better coordinate care with our pre-hospital providers. I have also implemented our group's first **Risk Aversion Practice** program, a monthly educational forum dedicated to the practice of safe and sound clinical emergency medicine.

2008-present Bethesda Memorial Hospital

Hospital Physician Partners-Boynton Beach, FL

Emergency physician-providing emergency medical care for the population of eastern Palm Beach county.

While serving in this capacity I have been an active participant in the hospital's efforts towards improving patient and staff safety through my role as the physician representative to the **Environment of Care**Committee.

2005-2006 University of Texas Health Sciences Center-Houston, TX

Associate Professor of Emergency Medicine-supervising the practice and education of emergency medicine residents in a large, urban tertiary care and trauma facility.

2005-2006 Memorial Hermann Healthcare System

Greater Texas Emergency Consultants-Houston, TX

Emergency physician-providing emergency medical care for the population of urban and suburban Houston.

Committees and Affiliations

American College of Emergency Physicians

National Committee for Emergency Medical Services Affairs-currently active

Wellington Regional Medical Center

Director of EMS Affairs-currently active

Special Care Committee-currently active

Pharmacy and Therapeutics Committee-currently active

Bethesda Memorial Hospital

Environment of Care Committee-currently active

Academic projects and publications

Delhamer B. "Supraventricular Tachycardia." *Greenberg's Text Atlas of Emergency Medicine*. Greenberg M and Hendrickson R. Philadelphia, PA: Lippincott Williams and Wilkins, 2005.

Delhamer B. "Pacemaker Failure." *Greenberg's Text Atlas of Emergency Medicine*. Greenberg M and Hendrickson R. Philadelphia, PA: Lippincott Williams and Wilkins, 2005.

Delhamer B, Grossheim L, Takenaka K. "Ear and Nose Disorders: Common ear, nose and throat disorders encountered in emergency practice." *Emergency Medicine Reports*. AHC Media, Sept 2004.

Delhamer B, Groosheim L, Takenaka K. "Facial Nerve Palsies and Oropharyngeal Infections: Common ear, nose and throat disorders encountered in emergency practice." *Emergency Medicine Reports*. AHC Media, Oct 2004.

Delhamer B. "The Boy with the Blue Hue-a case presentation of pediatric methemoglobinemia." Case Presentation Conference, Society for Academic Emergency Medicine. Orlando, 2004.

Education

Doctor of Medicine (MD), 2002

University of Miami School of Medicine-Miami, FL

President, Class of 2002

President, Academic Society of Virchow

Summa Cum Laude, Bachelor of Science (BS) in Biological Sciences, 1997

Florida Atlantic University-Boca Raton, FL

President's List for Superior Academic Achievement

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled out by Department): (Please Print)

Board Name: Emergen	cy Medical Service	es Advisory Co	ouncil	
[X] At Large Ap	pointment	or	[] District App	ointment
Term of Appointment: _	2 Years.	From:	April 20, 2010	To: April 19, 2012
Seat Requirement: Eme	ergency Room Phys	sician		Seat #:7
[]*Reappointme	nt	or	[X] New Appoi	ntment
or [] to complete term of Completion of term to expire on:	the		Due [] to:	resignation [] other
Number of prev	viously disclosed vi	oting conflicts	ommissioners. during the previou	previous disclosed voting
Part II (to be filled out : APPLICA	and signed by App ANT, UNLESS EX	plicant): (Plea EMPTED, MU	ase Print) UST BE A COUN	TY RESIDENT
Name: Kushnir		Craig		Benjamin
	Last		First	Middle
Occupation/Affiliation:	Emergency Roon	n Physician – B	Bethesda Memorial	Hospital
Business Name:	Bethesda Memor	ial Hospital		
Business Address:	2815 Seacrest Bl	vd.		
City & State	Boynton Beach, I	FL	Zip Cod	e: 33465
Residence Address:	356 SE 6 th Ave.			•
City & State Home Phone: (56) Cell Phone: (Email Address:	Delray Beach, FL 51) 654-1255		Zip Cod less Phone: (56	e: 33484 1) 278-7733 Ext.
Mailing Address prefer	ence: [X] Busine	ess [] Reside	ence	
Have you ever been conv If Yes, state the court, na	victed of a felony:	Yes	No. X	
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-America [] HF (Hispanic-America [] WF(Caucasian Females	n Female) Female) an Female) can Female)	[] AM (Asia [] BM (Afri [] HM (Hisp	ve-American India an-American Male ican-American Ma panic-American Ma aucasian Male)	e) le)
Applicant's Signature:	Cing flest	>	Date:	4/30/10
Part III (to be filled out	by Commissione	<u>r):</u>		
Appointment to be made	at BCC Meeting o	in:	·	
Commissioner's Signatu	re: Chalys	Detalipp	o for D	ate: 5/20/10
Pursuant to Florida's Public Records	Law, this document may be	reviewed and photoco	opied by member of the pub	lic. Revised 1/2010

The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form MUST BE COMPLETED IN FULL. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.

Part I (to be filled o	out by Department): ((Please Print)				
Board Name: Eme	rgency Medical Service	ces Advisory C	ouncil	•		
[X] At Large	e Appointment	or	[] Distric	ct Appoir	ntment	
Term of Appointmen	nt: 2 Years.	From:	April 20, 2	2010′	Го: <u>April 19, 2</u>	012
Seat Requirement: _	Emergency Room Phy	ysician			Seat #:7	
[]*Reappoin	ntment	or	[X] New	Appoint	ment	
or [] to comp	lete the		Due	[] 1	resignation [] other
Completion of term expire on:	to		to:			
Number of Part II (to be filled	being considered for nsidered by the Boar previously disclosed wout and signed by Ar	ed of County County County Country Cou	Commissioner during the present the present the commission of the	rs. revious t	erm	voting
APPI	LICANT, UNLESS EX	KEMPTED, M	UST BE A C	OUNTY	RESIDENT	
Name: Kushnir		Crai	g		Benjamin	
	Last	•	First		Midd	le
Occupation/Affiliati	on: Emergency Roo	m Physician –	Bethesda Me	morial H	ospital	
Business Name:	Bethesda Memo	rial Hospital	·			
Business Address:	2815 Seacrest B	lvd.				
City & State	Boynton Beach,	FL	Zi	p Code:	33465	
Residence Address:	356 SE 6 th Ave.					
City & State	Delray Beach, F	T.	7 ;	p Code:	33484	
Home Phone:	(561) 654-1255				278-7733 Ext.	
Cell Phone: Email Address:	()	Fax:		()	270-1133 EAL	
Have you ever been	reference: [X] Busin convicted of a felony: t, nature of offense, di	Yes	No X			·
Part III (to be filled	rican Female) ican Female) erican Female) nerican Female)	[] AM (As: [] BM (Afi: [] HM (His: [X] WM (C: er):	aucasian Mal	n Male) an Male) can Male)	
Commissioner's Sig	nature:	I Fro	~	Date	:	
Pursuant to Florida's Public Re	ecords Law, this document may b	e reviewed and photoc	opied by member o	of the public.	Revised	1/2010

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Part I (to be filled out by Department): (Please Print)

Board Name: Emerger	ncy Medical Service	es Advisory C	ouncil			
[X] At Large Ap	pointment	or	[] Distric	ct Appoint	ment	
Term of Appointment:	2 Years.	From:	April 20, 2	2010 T	o: April 1	9, 2012
Seat Requirement: Eme	ergency Room Phy	sician		Se	eat #:	7
[]*Reappointme	ent	or	[X]New	Appointm	ent	
or [] to complete term of	the		Due to:	[] re	signation	[] othe
Completion of term to expire on:	·					
Part II (to be filled out	viously disclosed v and signed by Ap	of County Coting conflicts	commissioned during the personal description of the personal description of the commission of the comm	e rs. previous ter	rm	
APPLICA	ANT, UNLESS EX	EMPTED, M	UST BE A C	COUNTY I	RESIDENT	,
Name: Kushnir		Craig		·	Benjami	n
	Last		First		M	iddle
Occupation/Affiliation:	Emergency Roor	n Physician –	Bethesda Me	morial Ho	spital	
Business Name:	Bethesda Memor	rial Hospital				
Business Address:	2815 Seacrest Bl	vd.				•
City & State	Boynton Beach,	FL	Z	ip Code:	33465	
Residence Address:	356 SE 6 th Ave.					
City & State	Delray Beach, Fl	L	Z	ip Code:	33484	
Home Phone: (50)	61) 654-1255	Busin		-	78-7733 E	xt.
Email Address:)	Fax:		()		
Mailing Address prefer	ence: [X] Busine	ess []Resid	ence			
Have you ever been conv If Yes, state the court, na	victed of a felony.	Yes	No Y			
Minority Identification [] IF (Native-American [] AF (Asian-American [] BF (African-American [] HF (Hispanic-Americ [] WF(Caucasian Fema	n Female) Female) an Female) can Female)	[] IM (Nat [] AM (As [] BM (Afr [] HM (His [X] WM (C	ian-America ican Americ panic-Ameri	n Male) an Male) can Male)	(ale)	
Applicant's Signature:	Cing flest	>	Da	te: <u></u> \ /3	30/10	·
Part III (to be filled out	by Commissione	<u>er):</u>	X			
Appointment to be made	at BCC Meeting o	on:	•			
Commissioner's Signatu	re: Puncu	(Co		Date:	37,8/	D
Pursuant to Florida's Public Records	Law, this document may be	e reviewed and photoc	opied by member of			vised 1/2010



TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN

COUNTY ADMINISTRATOR

RE: PALM BEACH COUNTY CODE OF ETHICS

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Type of Contract	Which Department/Division	Effective Date	<u>Term</u>
Yes,	submit a wavier to the Board of County Ce/has the above named contract(s);	Commissioners, since I or 1	ny employer
	OR e, I nor my employer have contract(s) with		
As a (current or poten PBC Code of Ethics a Ethics Ordinance.	tial) advisory board member you a and acknowledge that you have rea	re required to receive nd and understand the	training on the
If you are unable acc	ess the training and/or Ordinance 96 for other arrangements.	on the web, please	contact Lynette
NAME:Pr	Acknowledgment of Receipt		
FIRM/COMPANY/OR	GANIZATION: Rethesdi	Kemerial Hospit	fil



Department of Public Safety Division of Emergency Management

20 S. Military Trail
West Palm Beach, FL 33412
(561) 712-6400
Fax: (561) 712-6464

www.pbcgov.com

Palm Beach County Board of County Commissioners

Burt Aaronson, Chair
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Jeff Koons
Shelly Vana
Steven L. Abrams
Jess R. Santamaria
Priscilla Taylor

County Administrator

Robert Weisman



"An Equal Opportunity
Affirmative Action Employer"

TO: ADVISORY BOARD MEMBERS

FROM: ROBERT WEISMAN COUNTY ADMINISTRATOR

RE: STATE GUIDE TO THE SUNSHINE AMENDMENT & CODE OF ETHICS

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Please read and make yourself familiar with the Guide and return the acknowledgment form below to: Lynette Schurter, 20 S. Military Trail, West Palm Beach, FL 33415. If you cannot access this document on the web, please contact Lynette Schurter at 561-712-6696 for other arrangements.

Acknowledgment of Receipt

NAME: Print or Type

I acknowledge that I have read the State of Florida Guide to the Sunshine Amendment and the Code of Ethics. I understand that as an advisory board member of the above-mentioned board(s) that I am bound by it.

Signature: Light Date: 4/50/15

Please sign and return to Administration in self-addressed envelope provided.

CURRICULUM VITAE

CRAIG BENJAMIN KUSHNIR MD Board Certified Emergency Medicine 365 SE 6th Ave. Unit #S-301 Delray Beach, FL 33483 561.654.1255 Craig.Kushnir@bethesdaheálthcare.com

EDUCATION

Medical School:

University of New England College of Osteopathic Medicine

Biddeford, Maine

Degree: D.O.

GPA: 3.60/4.0

1996-2000

Postgraduate:

University of Florida

Undergraduate:

Biochemistry PhD Track GPA: 4.0/4.0

Gainesville, Florida 1994-1995

Miami University

Oxford, Ohio

Major: Pre-Medicine

GPA: 3.5/4.0

PROFESSIONAL EXPERIENCE

Hospital:

Bethesda Memorial Hospital-Attending Physician 2003-Present

- Medical Director 2009-Present
- **Grants Committee EMS-Present**
- Medical Executive Committee of Hospital-Present
- Cardiovascular Services Committee-Present
- Pharmacy and Therapeutics/Nutritional Support Committee-Present
- **Laboratory Committee-Present**
- Radiology Committee-Present
- Quality Improvement Committee 2006-Present
- **Environment of Care Committee 2006-2007**

University of Florida Emergency Medicine Residency, Shands-Jacksonville/ Gainesville, FL 2001-2004

Chairman Journal Club 2002-2004

St. Vincent Mercy Medical Center Internship

Toledo, OH

2000-2001

Presentations:

"Emergency Wound Management," University of Florida Shands – Jacksonville, August 2003

"Emergency Medicine- Shock," University of Florida Shands-Gainesville, April 2003

"Lymphadenopathy Evaluation in the Emergency Department" University of Florida Shands-Jacksonville, November 2002

"Toxic Alcohols," University of Florida Shands-Jacksonville, July 2001

"Hypoglycemia in the Emergency Department," St Vincent Mercy Medical Center, May 2001

PROFESSIONAL AFFILIATIONS

Diplomat American Board of Emergency Medicine , American Academy of Emergency Medicine, Fellow of American College of Emergency Physicians, Member of Palm Beach CO. Medical Society

PERSONAL INTERESTS: Golfing, Running, Snowboarding and Boating

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AMENDING RESOLUTION NO. 99-1396: INCREASING THE MEMBERSHIP OF THE EMS ADVISORY COUNCIL FROM SEVENTEEN (17) TO EIGHTEEN (18) AND RESERVING SEAT #7 FOR AN EMERGENCY ROOM PHYSICIAN.

WHEREAS, the Emergency Medical Services Advisory Council was created in 1973 by the Board of County Commissioners to provide recommendations for improving emergency medical services in Palm Beach County; and

WHEREAS, over the years the EMS Advisory Council membership has been modified and today exists as a seventeen (17) member body; and

WHEREAS, the EMS Advisory Council is recommending that an additional seat be created for a "Hospital CEO" as an "At Large" member of the EMS Advisory Council; and

WHEREAS, the EMS Advisory Council recommends that Seat #7 be changed from "Hospital Administration" to "Emergency Room Physician."

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, THAT:

1) The Membership Section of Resolution R-99-1396 is amended to read:

MEMBERSHIP

- Fire Chief's Association of PBC-FL Inc.
- Private Ambulance Provider
- 1 Emergency Room Physician
- PBC Health Care District Trauma District
- PBC Medical Society Inc. Physician, Emergency Room experience
- Economic Council of PBC Inc.
- 1 Emergency Room Nurses Forum
- EMS Educator from Palm Beach Community College
- 7 Consumers District
- 1 Palm Beach County Council of Firefighters
- PBC EMS Medical Director's Association
- <u>1</u> <u>Hospital CEO</u>

All appointments are "at large" with the exception of the seven (7) District "consumer" positions. The seven (7) District consumer appointments are defined as individuals who have received or may potentially receive the services from an EMS Provider and who are not associated with an EMS Provider and who do not receive any form of compensation or remuneration from an EMS Provider or agency associated with or a part of an EMS Provider.

There shall be no limit on the number of terms an individual may serve. All members serve at the pleasure of the Commission and may be removed by the Commission at any time and without cause.

All members must be residents of	Palm Beach County	at the time of ap	pointment and while
serving on the Council. Ex-officio or	alternatives may b	be appointed to	the Council by the
Commission.	.		
The foregoing resolution was off		ner <u>Marcus</u>	who moved
its adoption. The motion was seconded	by Commissioner_	Aaronson	and upon being
put a vote. The vote was as follows:			
Commissioner John F. Koons, C.	hairman '	Aye	
Commissioner Burt Aaronson, V	ice Chairman	Aye	
Commissioner Karen T. Marcus		Aye	
Commissioner Shelley Vana		Aye	
Commissioner Jess R. Santamari	a	Aye	
Commissioner Addie L. Greene		Aye	
The Chairman thereupon declared the reference of the results of th	PALM BEACH CO BOARD OF COU	OUNTY, FLORI	IDA BY ITS
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	Sharon R. Bock, (•
ByCounty ttorney	ву Ди	MULLIUM Clerk A	\$ 8.00 (C)

PALM BEACH COUNTY EMERGENCY MEDICAL SERVICES ADVISORY COUNCIL MEMBERS

SEAT NO. B=Business	NAME/ADDRESS H = Home C= Cell	PHONE #	REQUIREMENT	APPOINTMENT DATE	EXPIRATION DATE_
(1) B	Battalion Chief Darrel Donatto Town of Palm Beach Fire Rescue 300 North County Road Palm Beach, FL 33480	227-6439 - B 838-5408 - Fax	Fire Chiefs Association of PBC-FL, Inc.	08/15/2009 (04/01/1	08/13/2011 995)
Н	6665 146 th Road, North Palm Beach Gardens, FL 33418 E-mail: <u>ddonatto@townofpalmbe</u>	775-5658 - H 719-3517 - C each.com			
(2)	Joann Franklin		ER Nurse's Forum	05/20/2008	04/30/2010
В	Director of Emergency Services Wellington Regional Medical Ctr. 10101 Forest Hill Blvd. WPB 3341			(05/20/0	98)
Н	9214 Delemar Ct., Wellington, FL 33414 E-mail: joann.franklin@uhsinc.co	790-7511 – H 647-7918 – C om			
(3)	Brooke Liddle, Ass't. Opns. Mgr.	533-5633 - B	Private Ambulance	e 08/15/2009	08/14/2011
В	American Medical Response 1105 Barnett Drive, Ste D Lake Worth, FL 33461	Ext. 3009 588-5199 - Fax 561-248-2331		(11/02/19	999)
Н	1148 A Summit Trail Circle West Palm Beach, FL 33415 E-mail: <u>brooke.liddle@amr.net</u>	712-9121 - H			

REVISED 03/02/10

(4)	Gerald Pagano Dir., Med. Transport. & Aero Medical Fac.	689-7140 - B X1422	PBC Health Care District Trauma Management	08/15/2009 08/13/2011 (04/01/1995)
В	PBC Health Care District 4255 Southern Blvd. West Palm Beach, FL 33406	689-9457 – Fax 719-6704 - C	Agency	
Н	250 South Ocean Ave, Unit 267 Delray Beach, FL 33483 E-mail: gpagano@hcdpbc.org	274-6513 - H		
(5) B	Dr. Catherine Lowe MD, Ophthalmology 11380 Prosperity Farms Rd. #11		PBC Medical Society, Inc.	10/06/2009 10/05/2011 (10/06/09)
Н	Palm Beach Gardens, FL 33410 8833 Marlamoor Ln West Palm Beach, FL 33412 E-mail: <u>drlowe@bellsouth.net</u>	799-2097 – H		
(6) B	Mark Nosacka CEO Good Samaritan Hospital 1309 N. Flagler Dr. West Palm Beach, FL 33401	650-6126 –B 650-6127 - Fax	Economic Council of PBC, Inc.	08/15/2009
Н	3327 Embassy Dr. West Palm Beach, FL 33401 E-mail: <u>mark.nosacka@tenethea</u>	471-3942 – H 267-3136 - C <u>alth.com</u>		

(7)	(OPEN)		ER Physician	04/31/2010
В				
H				
(8) B	John T. Treanor, Jr. EMS Associate Professor PB Community College, 4200 Congress Ave. Mail Stop 60 Lake Worth, FL 33461	868-3693 - B 868-3874 – F	EMS Educator	08/15/2009 08/13/2011 (8/15/07)
Н	1567 Hollyhock Road. Wellington, FL 33414 E-mail: <u>treanorj@pbcc.edu</u>	753-6005 - H 723-6827 - C	·	
(9) B	William Quinn Director, Southeast Fla Market S.C.I. Funeral Services of Fla. Inc. 1112 Military Trail Jupiter, FL 33458	719-0499 – B (866) 421-8461 - F	Consumer – District 1	03/17/2009 03/16/2011 (3/17/09)
H	596 Scrubjay Dr. Jupiter, FL 33458 E-mail: <u>bill.Quinn@SCI-us.com</u>	741-9800 - H 719-0499 - C		

(10) H	Phil Shapkin 252 Southampton-C West Palm Beach, FL 33417 E-mail: philbarb252@netzero.net	686-2086 – H	Consumer – District 2	04/01/2008 03/31/2010 (02/04/03)
(11) H	Robert Bean 11919 Bald Cypress Lane Lake Worth, FL 33449-1616 E-Mail: bebean@aol.com	790-7833 - H 329-9844 - C	Consumer – District 3	04/01/2008 03/31/2010 (4/01/08)
(12) B	Dr. Ronald E. Giddens 1616 South Military Trail West Palm Beach, FL 33415 E-mail: Breezerkat@aol.com	968-1234 - B 967-9178 -BF	Consumer – District 4	04/01/2008 04/01/2010 (12/07/99)
(13) H	Dr. Steven Katz 9509 New Waterford Cove Delray Beach, FL 33446 E-mail: skatz@mhs.net	954-844-7108 - B 561-638-2222 –H	Consumer – District 5	04/01/2008 04/01/2010 (07/25/00)

Revised 03/02/10

(14) B/H	Michael Jackson 430 SE 2 nd Ave. South Bay, FL 33493 E-mail: lmjconsult@aol.com	561-723-5652 - B	Consumer – District 6	04/21/2009 07/07/2010 (4/21/09)
(15) H	Clifford Durden 702 Chatelaine Blvd. East Delray Beach, FL 33445 E-mail: sa45@aol.com	561-498-7578-H	Consumer - District 7	04/01/2008 04/01/2010 (7/01/03)
(16) H	Dr. Scott McFarland 5589 Whirlaway Rd.	622-3630 – B&H	PBC EMS Medical Directors Association	08/15/2009 08/13/2011 (8/15/07)
	Palm Beach Gardens, FL 33418 E-mail: <u>drscott111@aol.com</u>	601-6446 - C		
(17) B	Armand Nault PBC Council of Fire Fighters & Paramedics 2328 S. Congress Ave., #2A West Palm Beach, FL 33406 E-mail: naulta@aol.com	635-3827-C	Palm Beach County Council of Firefighters	08/15/2009 08/13/2011 (08/24/1999)
Н	4291 Wilkinson Road Lake Worth, FL 33461	585-6087- H		
(18) B	Robert Hill Bethesda Healthcare System 2815 S. Seacrest Blvd. Boynton Beach, FL 33436 E-mail: Robert.Hill@bethesdahealt	737-7733 Ext. 4401 - B 767-0181 – C <u>thcare.com</u>	Palm Beach County Hospital CEO	05/19/09 5/18/11 (5/19/09)
Н	4576 S. Lake Dr. Boynton Beach, FL 33436	737-7733 - H		Povised 03/02/10

Revised 03/02/10



Department of Public Safety Division of Emergency Management

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West Palm Beach, FL 33412
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Palm Beach County Board of County Commissioners

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MEMORANDUM

TO:

Commissioner Burt Aaronson, Chairperson and

Members of the Board of County Commissioners

FROM:

Sally Waite, EMS Manager

Emergency Management

DATE:

May 7, 2010

RE:

Palm Beach County Emergency Medical Services

Council

The Emergency Medical Services Council (EMS Council) is composed of eighteen (18) members. Eleven (11) are appointed at-large and seven (7) are District Consumer appointments. There are currently two (2) "At Large" seats open.

Seat #2 which represents the ER Nurses Forum has one (1) applicant seeking reelection.

Seat # 7 which represents the Emergency Room Physician has two (2) applicants seeking election.

The EMS Office is requesting your nomination to these open seats so that we may fulfill our mission by having a full council.

I would like to prepare an agenda item for the Boards consideration at the June 8, 2010 Board meeting. Please return your nomination(s) by May 12, 2010. Please see the attached resumes', Board Information Forms and Resolution No. R-2009-0248. If you have any questions, please contact me at 712-6484.

:sw Attachments