Agenda Item #: \_\_\_\_\_

#### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

#### BOARD APPOINTMENT SUMMARY

Meeting Date: May 15, 2012

#### Department: <u>PUBLIC SAFETY DEPARTMENT / EM / EMS</u>

### Advisory Board: Emergency Medical Services Advisory Council

#### I. EXECUTIVE BRIEF

Motion & Title: Staff recommends motion to: Approve the reappointment of two (2) "At Large Seats" to the Emergency Medical Services Advisory Council (EMS Council) for the terms indicated:

<u>Re-appoint</u> Joann Franklin <u>Re-Appoint</u>	Representing/Seat # ER Nurses Forum #2	<b>Term</b> 04/20/12 – 04/19/14	<u>Nominated by:</u> Comm.Marcus Comm. Burdick Comm. Taylor
Dr. Craig Kushnir	Emergency Room Physician #7	04/20/12 – 04/19/14	Comm. Marcus Comm. Burdick 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 March 28, 2012 seeking nominations for the above two (2) at-large seats.

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: 12 white males, 1 Hispanic-American male, 1 black male, and 3 white females. One seat remains open.

#### Attachments:

- 1. Memo to BCC.
- 2. Boards/Committees Applications w/Resumes
- 3. Resolution R2009-0248
- 4. List of current members
- 5. Attendance records

Recommended by:	Vinat Flow yest	4/24/12
XS-	Department Director	Date

Legal Sufficiency:

delley 5/4/12

sistant County Attorney

# A. Other Department Review:

Department Director



**Department of Public Safety Division of Emergency Management** 20 South Military Trail West Palm Beach, FL 33415 (561) 712-6400 FAX: (561) 712-6464 www.pbcgov.com

> **Palm Beach County Board of County** Commissioners

Shelley Vana, Chair

Steven L. Abrams, Vice Chairman

Karen T. Marcus

Paulette Burdick

Burt Aaronson

Jess R. Santamaria

Priscilla A. Taylor

#### **County Administrator**

Robert Weisman

RECENCE WAR 2

"An Equal Opportunity "irmative Action Employer"

Official Electronic Letterhead

- Shelley Vana, Chair and Members of the Board of County Commissioners
- Sally Waite, Logistics Manager FROM: Division of Emergency Management [Bill Johnsor
- Bill Johnson, RN, Director THRU: Division of Emergency Managemerit
- March 28, 2012 DATE:

TO:

Palm Beach County Emergency Medical Services RE: 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. Currently, the EMS Council has two (2) "At-Large" seats open due to expiring terms.

Per Resolution No. R-2009-0248, there are specific requirements for these two (2) open seats with recommended representatives received from the listed organizations. Commissioners can either support the recommended representative or submit an alternative name, provided that the representative meets the specific seat requirement.

Attached are the Board Information Forms, résumés and attendance records for the recommended candidates. A copy of Resolution No. R-2009-0248 has also been included for informational purposes. Please review this information and return your nomination(s) to me by April 9, 2012.

I would like to prepare an agenda item for the Boards consideration at the April 17, 2012 meeting.

If you have any questions, please contact me at 561-712-6696.

/ls Attachments

Attachment #

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.

Section I (Department): (Please Print)

Board Name: _	Eme	rgency Med	lical Servio	ces A	dvisory	Council	Advisory [X]	Not Advisory [ ]
[X] At La	rge A	ppointment		· or		[] District Appoi	ntment /District #: _	
Term of Appointme	ent:	2	Years.		From:	04/20/2012	To:04/19/2	2014
Seat Requirement:	_	ER Nurses Fo	orum				Seat #:	2
[X]*Reap	point	ment		or		[] New Appoint	ment	
or [·] to cor	mplet	e the term of				Due to:	] resignation	[] .other
Completion of term	1 to ex	kpire on:						

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: \_\_\_\_\_

#### Section II (Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

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				,	

Name:	Franklin	j	oann					
	Last		irst			Mid	dle	
Occupation/Aff	iliation:	Registered Nurse – Di	rector of Emerge	ency S	Servic	es		<u> </u>
		Owner [ ]	Employee [X	<b>(</b> ]			Officer [	]
Business Name	e:	Wellington Regional N	Medical Center					
Business Addr	ess:	10101 Forest Hill Blvd	l. ·					
City & State		Wellington, FL		_ Zip	Code:	_	33414	'
•	·							
Residence Add	lress:	9214 Delmar Ct.						•
City & State	•	Wellington, Fl		Zip	Code:		33414	
Home Phone:	(561	) 790-7511	Business Phone:		(561)	753-26	62	Ext.
Cell Phone:	(561	) 647-7918	Fax:		()			· · · · · · · · · · · · · · · · · · ·
Email Address:	jo	ann.franklin@uhsinc.c	<u>eom</u>					
Mailing Addres	s Preference: [	] Business Residence					n. <b>'</b> .	
		of a felony: Yes f offense, disposition of case	No <b></b> and date:					
·	· · · · · · · · · · · · · · · · · · ·							
Minority Ident [] Na	<b>ification Code</b> tive-American	: [] Male []Hispanic-American	[X] Female [ ] Asian-Ameri	ican	[]A	frican-A	merican	[X] Caucasian
Page 1 of <b>2</b>			·					
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Attachment #

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Contract/Transaction No.	Department/Division	Description of Services	lerm
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	<u>10/01/11-09/30/12</u>
	<u> </u>		
	(Attach Additiona	al Sheet(s), if necessary)	·
	OR	NONE	· · ·
Guide to the Sunshine Amendm	ent prior to appointment/reappo	on Article XIII, the Palm Beach Coun intment. Article XIII, and the train ing.htm. Keep in mind this requirer	ing requirement can be found
By signing below I ack County Code of Ethics,	nowledge that I have read, u and I have received the require	nderstand, and agree to abide by ed Ethics training (in the manner cl	Article XIII, the Palm Beach necked below):
	atching the training program on tending a live presentation given		с 
	AND		•
By signing below I acl Amendment & State of		understand and agree to abide h	y the Guide to the Sunshine
*Applicant's Signature	Print	ed Name: Jo Ann Frank	-in Date: 3.319
Any questions and/or concerns r website <u>www.palmbeachcounty</u>	egarding Article XIII, the Palm I <u>ethics.com</u> or contact us via emai	Beach County Code of Ethics, please il at <u>ethics@palmbeachcountyethics.c</u>	visit the Commission on Ethics om or (561) 233-0724.
	Lynette Schurter, Palm Beach	his FORM to: a County Emergency Management /est Palm Beach, FL 33415	•
Section III (Commissioner, if a	upplicable):		
Appointment to be mad	e at BCC Meeting on:		1
Commissioner's Signature.	there is	Date:	11
Pursuant to Florida's Public Records La	w, this document may be reviewed and pl	hotocopied by members of the public.	Revised 08/01/2011
Page 2 of 2		· ·	
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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.

#### Section I (Department): (Please Print)

Board Name:	rd Name: Emergency Medical Services Advisory Council			Advisory [ X	] Not Advisory [ ]	
[X] At Lar	ge Appointment		or	[] District App	ointment /District #:	
Term of Appointme	ent: 2	Years.	From:	04/20/2012	To:04/19/	/2014
Seat Requirement:	ER Nurses Fo	rum			Seat #:	2
[X]*Reap	pointment		or	[] New Appoi	ntment	
or [] to com	nplete the term of			Due to:	[] resignation	[] other
Completion of term	to expire on:					

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#### Section II (Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name:	Franklin		Joann			
	Last	· · ·	First	l	Middle	
Occupation/Aff	iliation:	Registered Nurse – I	Director of Emerge	ncy Services		
		Owner [ ]	Employee [X	<b>[</b> ]	Officer	[]
Business Name	e:	Wellington Regional	Medical Center		•	
Business Addre	ess:	10101 Forest Hill Bly	vd.			
City & State		Wellington, FL		Zip Code:	33414	
Residence Add	lress:	9214 Delmar Ct.				
City & State	•	Wellington, Fl		Zip Code:	33414	
Home Phone:	(5)	<b>61)</b> 790-7511	Business Phone:	(561) 753-	2662	Ext.
Cell Phone:	(50	51) 647-7918	Fax:	. ( )		
Email Address:		joann.franklin@uhsinc	.com	· · · · ·		
Mailing Address	s Preference:	[] Business [] Residence				
Have you ever b	oeen convicte	d of a felony: Yes of offense, disposition of cas	No X			
Minority Ident [ ] Nat Page 1 of 2	ification Co tive-America		[X] Female n [] Asian-Amer	ican []Africa	n-American	[X] Caucasian
	· .	· ·				

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<u>Contract/Fransaction No.</u>	Department/Division	Description of Services	Term
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	<u>10/01/11-09/30/12</u>
·	· · · ·		
	(Attach Additiona	al Sheet(s), if necessary)	
	OR	NONE	
Guide to the Sunshine Amendm on the web at: <u>http://www.pal</u> By signing below I ack County Code of Ethics,	nent prior to appointment/reappo mbeachcountyethics.com/traini mowledge that I have read, u	on Article XIII, the Palm Beach Coun <u>bintment.</u> Article XIII, and the train <u>ing.htm</u> . Keep in mind this requiren nderstand, and agree to abide by ed Ethics training (in the manner ch the Web, DVD or VHS	ing requirement can be found tent is on-going. Article XIII, the Palm Beach
Буа	AND	on, 20	
By signing below I ac Amendment & State of	knowledge that I have read,	understand and agree to abide b	y the Guide to the Sunshine
*Applicant's Signature Any questions and/or concerns of website <u>www.palmbeachcounty</u>	regarding Article XIII, the Palm I <u>ethics.com</u> or contact us via emai Return t Lynette Schurter, Palm Beach	ed Name: A DAN FAMK Beach County Code of Ethics, please il at ethics@palmbeachcountyethics.c his FORM to: h County Emergency Management Vest Palm Beach, FL 33415	visit the Commission on Ethics
Section III (Commissioner, if			
			· · ·
Appointment to be made Commissioner's Signature:	le at BCC Meeting on: Caulet Bu	Adur Date: 4-2	-2012
Pursuant to Florida's Public Records La	w, this document may be reviewed and pl	hotocopied by members of the public.	Revised 08/01/2011
Page 2 of 2		-	· .
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			•

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]

•	Section I (Departi	nent): (Please Print)					
	Board Name: _	Emergency Med	ical Services A	dvisory	Council	Advisory [	X ] Not Advisory [
	[X] At La	rge Appointment	or		[·] District Appo	intment /District #	<i>t</i> :
	Term of Appointme	ent: 2	Years.	From:	04/20/2012	To:04/1	9/2014
	Seat Requirement:	ER Nurses For	rum			Seat #:	2
	[X]*Reap	pointment	or		[] New Appoin	tment	
	or [] to con	nplete the term of			Due to: [	] resignation	[] other
	Completion of term	to expire on:					

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		· ·				
Name:	Franklin Last	·	Joann First		Middle	······
Occupation/Af		Registered Nurse-I			vilduic	
-		Owner []	Employee [X		Officer [	]
Business Nam	e:	Wellington Regional	Medical Center			,
Business Addı	ress:	10101 Forest Hill Blv	/d.			
City & State		Wellington, FL		Zip Code:	33414	
Residence Ad	dress:	9214 Delmar Ct.				
City & State	-	Wellington, Fl		Zip Code:	33414	
Home Phone:	(56	1) 790-7511	Business Phone:	(561) 753	-2662	Ext.
Cell Phone:	(56	1) 647-7918	Fax:	( )		- · ·
Email Address:	: <u>i</u>	0ann.franklin@uhsinc.	.com	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Mailing Addres	ss Preference.	[] Business MResidence	<u>مع</u>			
Have you ever	been convicted	l of a felony: Yes of offense, disposition of cas	No 🗙			
Minority Iden [] Na	tification Cod ative-American		[X] Female n [] Asian-Ameri	can []Africa	an-American	[X] Caucasian
Page 1 of 2		- -				
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,			
	(Attach Additiona	al Sheet(s), if necessary)	
	OR	NONE	
Guide to the Sunshine Amendm on the web at: <u>http://www.pal</u>	nent prior to appointment/reappo mbeachcountyethics.com/traini	on Article XIII, the Palm Beach Cou <u>intment.</u> Article XIII, and the training.htm. Keep in mind this require	ning requirement can be found ment is on-going.
By signing below I ack County Code of Ethics,	mowledge that I have read, us and I have received the require	nderstand, and agree to abide by ed Ethics training (in the manner c	Article XIII, the Palm Beach hecked below):
	atching the training program on t ttending a live presentation given		
	AND		
By signing below I ac Amendment & State of	knowledge that I have read, Florida Code of Ethics:	understand and agree to abide l	by the Guide to the Sunshine
*Applicant's Signature	Printe	ed Name: 10 Ann FRANK	-in Date: 3.318
Any questions and/or concerns a website <u>www.palmbeachcounty</u>	egarding Article XIII, the Palm E <u>ethics.com</u> or contact us via emai	Beach County Code of Ethics, please Il at <u>ethics@palmbeachcountyethics.c</u>	visit the Commission on Ethics com or (561) 233-0724.
	Lynette Schurter, Palm Beach	his FORM to: a County Emergency Management /est Palm Beach, FL 33415	• • • • •
Section III (Commissioner, if a	applicable):		
Appointment to be made	le at BCC Meeting on:		<u>, , , , , , , , , , , , , , , , , </u>
Commissioner's Signature:	Cindy & De Felep Comm. Karen w, this document may be reviewed and pt	120 FOR Date: 4/2/18 T. Marcus	2 Revised 08/01/2011
		association by memory of the public.	Neviseu 06/01/2011

Page 2 of 2

#### JoAnn K. Franklin 9214 Delemar Court Wellington, Florida Home Phone (561) 790-7511 Cell Phone (954) 647-7918

### EDUCATION

Present

1992

Bachelor Degree in Nursing Florida Atlantic University Boca Raton, Florida

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 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.

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### Section I (Department): (Please Print)

Board Name: Eme	ergency Medi	cal Service	s Advis	ory Co	uncil		•	Advisor	y [X]	No	t Advisor	y [ ]
[X] At Large A	ppointment	•	or		[] District	t Ap	pointm	ent /Distr	ict #:	·····	_	
Term of Appointment:	2	Years.	Fre	om:	04/20/2012			To: _(	)4/19/2(	)14		
Seat Requirement:	Emergency Ro	om Physician	1					Seat #:	,	7		
[X]*Reappoint	tment		or		[] New A	vppo	intmer	ıt				
or [] to complet	the term of				Due to	):	[]	resignat	tion	[]	other	-
Completion of term to e	xpire on:											,
*When a person is bein term shall be considered Section II (Applicant): APPLICANT, UNLESS	ed by the Board (Please Print) S EXEMPTED,	i of County	Commiss 1 <i>COUNI</i>	ioners: T <i>Y RESI</i>		,40 .					g F.	
Name: Kushi Last	11r		Cra Firs					Midd	le			
Occupation/Affiliation:	Emerg	gency Roor	n Physic	cian							<u> </u>	
	Owner	[]		Em	ployee [X]				Officer	[]		
<b>Business Name:</b>	Bethe	sda Memor	ial Hosp	pital								
Business Address:	2815	Seacrest B	lvd.									
City & State	Boyn	ton Beach,	FL			Zip	Code:		33465			<u>-</u>
<b>Residence Address:</b>	356 S	E 6 <sup>th</sup> Ave.										
City & State	Delray	Beach				Zip	Code:		33484			
Home Phone:	(561)		· •	Busine	ss Phone:	_	(561)	278-7733	}	1	Ext. 4659	
Cell Phone:	(561) 657-1	1255		Fax:			( )					
						-						

Email Address: craig.kushnir@bethesdahealthcare.com

Mailing Address Preference: [ ] Business [] Residence

Have you ever been convicted of a felony: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, state the court, nature of offense, disposition of case and date: \_\_\_\_\_

Minority Identification Code: [] Native-American	[X] Male [] Hispanic-American	[] Female [] Asian-American	[] African-American	[X] Caucasian	
Page 1 of 2					

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Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
			• 
	(Attach Addition	al Sheet(s), if necessary)	
	or 🗸	) NONE	
Guide to the Sunshine Amendm on the web at: http://www.palm By signing below I ackn County Code of Ethics, a	ent prior to appointment/reapp abeachcountyethics.com/train nowledge that I have read, 1	on Article XIII. the Palm Beach Cour ointment. Article XIII, and the train ting.htm. Keep in mind this requiren understand, and agree to abide by red Ethics training (in the manner ch the Web, DVD or VHS n on, 20	ing requirement can be found nent is on-going. Article XIII, the Palm Beach
	AND		
By signing below I ack Amendment & State of I		understand and agree to abide b	y the Guide to the Sunshine
Any questions and/or concerns re	garding Article XIII, the Palm	ted Name: <u>Caip</u> <u>La hair</u> Beach County Code of Ethics, please ail at <u>ethics@palmbeachcountyethics.c</u>	visit the Commission on Ethics
	Return a Lynette Schurter, Palm Beac	this FORM to: h County Emergency Management Vest Palm Beach, FL 33415	<u>511</u> 01 (501) 255 0724.
Section III (Commissioner, if a	pplicable):		
Appointment to be made	at BCC Meeting on:		·
Commissioner's Signature:	<u>Cindy L De Fel</u> Comm. Karen		2
Page 2 of 2	, and document may be reviewed and p	photocopied by members of the public.	Revised 08/01/2011

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#### Section I (Department): (Please Print)

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Board Name:	Eme	rgency Medi	cal Services Ad	dvisory (	Council		Advisory [X]	Not Advisory [ ]
[X] At Large Appointment		or		[] District Appointm		ent /District #:		
Term of Appo	intment:	2	Years.	From:	04/20/2012		To: <u>04/19/20</u>	014
Seat Requirem	ient:	Emergency Ro	om Physician				Seat #:	7
[ X]*	Reappoint	ment	or		[] New Appo	intmen	t	
or [] t	to complet	e the term of			Due to:	[]	resignation	[] other
Completion of	fterm to e	xpire on:	·····				·	

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Kushnir		Craig			
Last				Middle	
illiation:	Emergency Room Phy	ysician			,
	Owner [ ]	Employee [X	].	Officer [	] .
:	Bethesda Memorial H	ospital			
ess:	2815 Seacrest Blvd.				
	Boynton Beach, FL	·	Zip Code:	33465	
			·		
iress:	356 SE 6 <sup>th</sup> Ave.				
	Delray Beach	· .	Zip Code:	33484	
(56	<u>1)</u>	Business Phone:	(561) 278	-7733	Ext. 4659
(56	1) 657-1255	Fax:	( )	-	·····
cra	ig.kushnir@bethesdahea	ulthcare.com			
s Preference:	[]Business []Residence	а .			
been convicted	d of a felony: Yes	No			
	Last iliation: ess: fress: <u>(56</u> <u>(56</u> <u>(56</u> <u>cra</u> s Preference: been convicted	Last         iliation:       Emergency Room Phy         Owner []       Owner []         ess:       Bethesda Memorial H         ess:       2815 Seacrest Blvd.         Boynton Beach, FL         iress:       356 SE 6 <sup>th</sup> Ave.         Delray Beach         (561)         (561)         657-1255         craig.kushnir@bethesdahea         s Preference: [] Business [] Residence         peen convicted of a felony: Yes	Last       First         iliation:       Emergency Room Physician         Owner []       Employee [X         Owner []       Employee [X         ess:       2815 Seacrest Blvd.         Boynton Beach, FL         iress:       356 SE 6 <sup>th</sup> Ave.         Delray Beach	Last       First         iliation:       Emergency Room Physician         Owner []       Employee [X]         ess:       Bethesda Memorial Hospital         ess:       2815 Seacrest Blvd.         Boynton Beach, FL       Zip Code:         iress:       356 SE 6 <sup>th</sup> Ave.         Delray Beach       Zip Code:         (561)       657-1255         Fax:       ()         craig.kushnir@bethesdahealthcare.com         s Preference:       [] Residence         peen convicted of a felony:       Yes	Last       First       Middle         iliation:       Emergency Room Physician       Officer [         Owner []       Employee [X]       Officer [         ess:       2815 Seacrest Blvd.

Section II (Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Page 1 of 2

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

Contract/Transaction No.	<b>Department/Division</b>	<b>Description of Services</b>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	<u>10/01/11-09/30/12</u>
	(Attach Addition:	al Sheet(s), if necessary)	
	OR V	NONE	
Guide to the Sunshine Amendm on the web at: <u>http://www.pah</u> By signing below I ack	nent prior to appointment/reappo	on Article XIII, the Palm Beach Coun <u>pintment.</u> Article XIII, and the train <u>ing.htm</u> . Keep in mind this requirer nderstand, and agree to abide by	ing requirement can be found nent is on-going. Article XIII, the Palm Beach
Ву w	and I have received the require atching the training program on tending a live presentation given	ed Ethics training (in the manner ch the Web, DVD or VHS a on, 20	lecked below):
	AND		
By signing below I acl Amendment & State of		understand and agree to abide b	y the Guide to the Sunshine
Any questions and/or concerns r	egarding Article XIII, the Palm	ed Name: <u>Craip Kuthani</u> Beach County Code of Ethics, please	visit the Commission on Ethics
website <u>www.paimbeachcounty</u>	Return t Lynette Schurter, Palm Beacl	il at <u>ethics@palmbeachcountyethics.c</u> his FORM to: h County Emergency Management Vest Palm Beach, FL 33415	<u>om</u> or (561) 233-0724.
Section III (Commissioner, if a	pplicable):		
Appointment to be mad Commissioner's Signature:	e at BCC Meeting on:	Idiá Date:	2-2012
Pursuant to Florida's Public Records Lav	w, this document may be reviewed and p	hotocopied by members of the public.	Revised 08/01/2011
Page 2 of 2			• •

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.

#### Section I (Department): (Please Print)

Board Name: _	Emergency Med	lical Services A	Advisory [X]	Not Advisory [ ]			
[X] At Large Appointment		or		[] District Appointment /District #: _			
Term of Appointme	ent: <u>2</u>	Years.	From:	04/20/2012	To:04/19/2	014	
Seat Requirement:	Emergency R	oom Physician			Seat #:	7	
[X]*Reappointment		or		[] New Appoint	ment	at	
or [] to con	mplete the term of			Due to: [	] resignation	[] other	
Completion of tern	n to expire on:						

\*When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners:

# Section II (Applicant): (Please Print) APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Kushi	nir C	Craig			
Last	—	irst	I	Middle	
Occupation/Affiliation:	Emergency Room Phy	sician		<u></u>	
	Owner [ ]	Employee [X]	] .	Officer [ ]	1
<b>Business Name:</b>	Bethesda Memorial Ho	ospital			
<b>Business Address:</b>	2815 Seacrest Blvd.				
City & State	Boynton Beach, FL	······	Zip Code:	33465	
	· . ·				
<b>Residence Address:</b>	356 SE 6 <sup>th</sup> Ave.				
City & State	Delray Beach		Zip Code:	33484	
Home Phone:	(561)	Business Phone:	(561) 278-	7733	Ext. 4659
Cell Phone:	(561) 657-1255	Fax:	( )		
Email Address:	craig.kushnir@bethesdahea	thcare.com			
Mailing Address Prefere	ence: []Business []Residence				t
	wicted of a felony: Yes	No <u> </u>			
	-				
Minority Identification		[] Female [] Asian-Ameri	can [] Africa	an-American	[X] Caucasian

Page 1 of 2

**CONTRACTUAL RELATIONSHIPS:** Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business. This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

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Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	<b>General Maintenance</b>	10/01/11-09/30/12
· · · ·	(Attach Addition	al Sheet(s), if necessary)	
	or 🔽	Í NONE	
Guide to the Sunshine Amendm on the web at: <u>http://www.palr</u> By signing below I ack	ent prior to appointment/reapp	on Article XIII, the Palm Beach Cou <u>bintment.</u> Article XIII, and the train <u>ing.htm</u> . Keep in mind this require understand, and agree to abide by ed Ethics training (in the manner cl	ing requirement can be found nent is on-going. Article XIII, the Palm Beach
By wa	atching the training program on		·
	AND		· ·
By signing below I ack Amendment & State of I	cnowledge that I have read, Florida Code of Ethics:	understand and agree to abide b	by the Guide to the Sunshine
*Applicant's Signature:	Print	ted Name: Craig Kuchai	Date: 2/27/12
Any questions and/or concerns rewebsite www.palmbeachcountye	egarding Article XIII, the Palm <u>ethics.com</u> or contact us via ema	Beach County Code of Ethics, please il at <u>ethics@palmbeachcountyethics.c</u>	visit the Commission on Ethics om or (561) 233-0724.
	Lynette Schurter, Palm Beac	this FORM to: h County Emergency Management Vest Palm Beach, FL 33415	
Section III (Commissioner, if a	pplicable):		• .
Appointment to be mad	e at BCC Meeting on:	Date: 3/29	10/
Pursuant to Florida's Public Records Lav			Revised 08/01/2011
Page 2 of 2	· · · · · · · · · · · · · · · · · · ·	• •	•

#### CRAIG BENJAMIN KUSHNIR, D.O., FACEP, FAAEM MD Board Certified Emergency Medicine 365 SE 6<sup>th</sup> Ave. Unit # S-301 Delray Beach, FL 33483 561.654.1255 craig.kushnir@bethesdahealthcare.com

#### **MEDICAL TRAINING**

Residency:	University of Florida Emergenc Jacksonville/Gainesville, FL Chairman Journal Club	y Medicine Residenc	2001-2004	
	Chairman Journal Club		2002-2004	
Internship:	St. Vincent Mercy Medical Cer	nter, Toledo, OH	2000-2001	
EDUCATION	· · ·			
Medical School:	University of New England Co Biddeford, Maine	llege of Osteopathic	Medicine	
	Degree: D.O. #OS8707	GPA: 3.60/4.0	1996-2000	
Undergraduate:	Miami University Oxford, OH Major: Pre-Medicine	GPA: 3.5/4.0	1989-1994	
PERSONAL EXPERIENCE				

#### Bethesda Memorial Hospital <u>Hospital</u>: **Attending Physician** 2004-Present Medical Director Bethesda Emergency Department • 2008-Present Medical Executive Committee of Hospital 2008-Present Chair, Emergency Medicine Committee 2008-Present **Director of EMS relations** 2008-Present Cardiovascular Care Committee 2008-Present Stroke Leadership Team 2008-Present Stemi /Induced Hypothermia Alert Team 2008-Present **Pharmacy and Therapeutics** 2008-2009 **Radiology Committee** 2008-2009 . Laboratory Committee 2008-2009 **Quality Improvement Committee** 2006-Present **Environment of Care Committee** 2006-2007

#### <u>EMS</u>:

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- a. City of Delray Beach Fire-Rescue Medical Director
- Palm Beach County EMS Advisory Council Member ×
- Grants Committee Palm Beach County E

2010-Present 2010-Present 2009-Present 2010-Present

2010-Present

Medical Providers of Palm Beach County E. EMS Advisory Council Strategic Planning Committee Chairman

#### **PRESENTATIONS:**

- "Pre-Hospital Case Studies," EMS H.E.A.T. Conference, February 2012
- "Delray Beach EMS Protocols," DRBFR, June 2011 .
- . "The Acute Stroke- A Pre-Hospital Analysis", EMS H.E.A.T. Conference, February 2010
- "Improvements in the Emergency Department," Medical Staff Meeting, Bethesda Memorial Hospital ,May 2009.
- "Emergency Wound Management," University of Florida Shands-Jacksonville, August 2003 10
- "Emergency Medicine-Shock, "University of Florida Shands-Gainesville, April 2003
- "Lymphadenopathy Evaluation in the Emergency Department," University of Florida Shands-Jacksonville, November 2002

#### **PROFESSIONAL AFFILIATIONS:**

- Diplomat/Fellow American Board of Emergency Medicine and American Academy of Emergency × Medicine
- Palm Beach Medical Society
- Palm Beach County EMS Medical Director's Association

#### **AWARDS:**

Medical Director of the year 2010 Hospital Physician Partners from over 150 nationwide W. **Emergency Departments** 

#### **PERSONAL INTERESTS:**

- Golfing
- p, Running
- Snowboarding
- Scuba Diving

# RESOLUTION NO. R-2009-0248

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
-	Emergency Room Physician
-	PBC Health Care District - Trauma District
-	PBC Medical Society Inc. – Physician, Emergency Room experience
-	Economic Council of PBC Inc.
-	Emergency Room Nurses Forum
-	EMS Educator from Palm Beach Community College
-	Consumers – District
-	Palm Beach County Council of Firefighters
-	PBC EMS Medical Director's Association
-	Hospital CEO

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.

Attachment #

All members must be residents of Palm Beach County at the time of appointment and while serving on the Council. Ex-officio or alternatives may be appointed to the Council by the Commission.

The foregoing resolution was offered by Commissioner <u>Marcus</u> who moved its adoption. The motion was seconded by Commissioner <u>Aaronson</u> and upon being put a vote. The vote was as follows:

Commissioner John F. Koons, Chairman Commissioner Burt Aaronson, Vice Chairman Commissioner Karen T. Marcus Commissioner Shelley Vana

Commissioner Jess R. Santamaria Commissioner Addie L. Greene

 Aye	
 Aye	
 Aye	
 Aye	
Aye	····.
 Aye	

The Chairman thereupon declared the resolution duly passed and adopted this <u>3rd</u> day of <u>February</u>, 2009.

PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney

Sharon R. Bock, Clerk & Comptroller

G:\WPDATA\ENVIR\LYakovakis\DAWN\EMS\EMS Resolution | .doc

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# 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	<u>Battalion Chief Darrel Donatto</u> 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.	11/01/2011 (04/01/1	10/31/2013 995)
Η	6665 146 <sup>th</sup> Road, North Palm Beach Gardens, FL 33418 E-mail: <u>ddonatto@townofpalmbe</u>	775-5658 - H 719-3517 - C ach.com			
(2) B	<u>Joann Franklin</u> Director of Emergency Services Wellington Regional Medical Ctr. 10101 Forest Hill Blvd. WPB 3341		ER Nurse's Forum	u 04/20/2012 (05/20/0	04/19/2014 98)
H	9214 Delemar Ct., Wellington, FL 33414 E-mail: <u>joann.franklin@uhsinc.cc</u>	790-7511 – H 647-7918 – C <u>om</u>			
(3) B	<u>Brooke Liddle, Ass't. Opns. Mgr.</u> American Medical Response 1105 Barnett Drive, Ste D Lake Worth, FL 33461	533-5633 - B Ext. 3009 588-5199 - Fax 561-248-2331	Private Ambulance	e 11/01/2011 (11/02/19	10/31/2013 999)
Η	1148 A Summit Trail Circle West Palm Beach, FL 33415 E-mail: <u>brooke.liddle@amr.net</u>	712-9121 - H			

Attachment

H.

**REVISED 11/01/11** 

(4) B	<u>Sandra Schwemmer</u> Medical Director/Physician PBC Health Care District 325 Datura St.	659-1270 - B X5525	PBC Health District	11/01/2011 10/31/2013 (11/01/2011)
D	West Palm Beach, FL 33401	632-0548 - C	366-4886 – Fax	
H	3577 NW Clubside Cir. Boca Raton, FL 33496 E-mail: <u>sschwemm@hcdpbc.org</u>	999-1270 - H		
(5) B	<u>Dr. Jeffery Davis</u> Chief Medical Officer 901 45 <sup>th</sup> St. West Palm Beach, FL 33401	882-6139 - B	PBC Medical Society, Inc.	11/01/2011 10/31/2013 (5/28/85)
Н	E-mail: <u>Jeff.davis@tenethealth.</u>	com		
(6) B	<u>Mark Nosacka</u> 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 08 /13/2011 (8/15/09)
Н	3327 Embassy Dr. West Palm Beach, FL 33401 E-mail: <u>mark.nosacka@tenethea</u>	471-3942 – H 267-3136 - C <u>lth.com</u>		

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(7) B	Dr. Craig KushnirER Physician27Bethesda Memorial Hospital2815 Seacrest Blvd.Boynton Beach, FL 33465	/8-7733 Ext. 4659 - B 561-654-1255 - C	ER Physician 04/	20/2012 (04/20/2010)	04/19/2014
Н	356 SE 6th Ave.50Delray Beach, FL 33484E-mail: Craig123@aol.com	61-654-1255			
(8) B	<u>John T. Treanor, Jr.</u> EMS Associate Professor PB Community College, 4200 Congress Ave. Mail Stop Lake Worth, FL 33461	868-3693 - B 868-3874 - F 60	EMS Educator	11/01/2011 (8/15/(	10/31/2013 97)
H	1567 Hollyhock Road. Wellington, FL 33414 E-mail: treanorj@palmbeachstat	753-6005 - H 723-6827 - C e.edu			
(9) B	<u>William Quinn</u> Director, Southeast Fla Market S.C.I. Funeral Services of Fla. 1 1112 Military Trail Jupiter, FL 33458		Consumer – District 1 (Marcus)	08/16/2011 (3/17	
H.	596 Scrubjay Dr. Jupiter, FL 33458 E-mail: <u>bill.Quinn@SCI-us.co</u>	741-9800 - H 719-0499 - C <u>m</u>			
				Revised	11/01/11

(10) H	<u>Phil Shapkin</u> 252 Southampton-C West Palm Beach, FL 33417 E-mail: <u>philbarb252@yahoo.com</u>	686-2086 – Н	Consumer – District 2 (Burdick)	04/01/12 03/31/2014 (02/04/03)
(11) H	<u>Robert Bean</u> 11919 Bald Cypress Lane Lake Worth, FL 33449-1616 E-Mail: <u>bebean@aol.com</u>	790-7833 - Н 329-9844 - С	Consumer – District 3 (Vana)	04/01/2012 03/31/2014 (4/01/08)
(12) B	<u>Dr. Ronald E. Giddens</u> 1616 South Military Trail West Palm Beach, FL 33415 E-mail: <u>Breezerkat@aol.com</u>	968-1234 - B 967-9178 -BF	Consumer – District 4 (Abrams)	04/01/2012 03/31/2014 (12/07/99)

(13) OPEN

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**Consumer District 5** (Aaronson)

(14) B	<u>Elizabeth Cayson</u> (Liz) Community Relations Specialist Health Care District of Palm Beac 39200 Hooker Hwy Belle Glade, FL 33430	561-659-1270 Ext. 5484 - B ch County	Consumer – District 6 (Santamaria)	08/17/2010 08/16/2012 08/16/2010
Н	17505 36 <sup>th</sup> Ct. N. Loxahatchee, FL 33470 E-mail: <u>Ehernand@hcdpbc.org</u>	784-9795 - H 512-6350 - C <u>mrscayson@netscape.com</u>		
(15) H	<u>Clifford Durden</u> 702 Chatelaine Blvd. East Delray Beach, FL 33445 E-mail: <u>sa45@aol.com</u>	561-498-7578-H	Consumer - District 7 (Taylor)	08/16/2011 08/15/2013 (7/01/03)
(16) B	Dr. Kenneth Scheppke Medical Director/Physician JFK Medical Center 5301 S. Congress Ave. Atlantis, FL 33462	965-7300 — В 436-2291 - С	PBC EMS Medical Directors Association	11/01/2011 10/31/2013 (11/01/2011)
Н	4480 Riverpines Ct. Tequesta, FL 33469 E-mail: <u>kscheppke@comcast.net</u>	743-9245 H		

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(17) B	<u>Ricardo Grau</u> PBC Council of Fire Fighters & Paramedics 2328 S. Congress Ave., #2C West Palm Beach, FL 33406 E-mail: <u>rgrau@pbcgov.org</u>	969-0729 - B 969-1059 - F 436-4730 - C	Palm Beach County Council of Firefighters	11/01/2011 10/31/2013 (11/01/2011)
н	3289 NW 26 <sup>th</sup> Ct. Boca Raton, FL 33434	852-7239- H		
(18) B	<u>Davide Carbone</u> Chief Executive Officer St. Mary's Medical Center 901 45 <sup>th</sup> St. West Palm Beach, FL 33407 E-mail: <u>davide.carbone@tenethealth.</u>	840-6202 – B <u>com</u>	Palm Beach County Hospital CEO	11/01/2011 10/31/2013 (11/01/2011)

Н

155 Gulfstream Dr. Tequesta, FL 33469

746-6364 - H

# **Attendance record for Joann Franklin**

# Seat# 2 ER Nurses Forum

 SEAT 2: Joann Franklin
 (5/20/08)
 04/20/10 to 04/19/12

 2008: Present: 7/08
 9/08 11/08

 Absent:
 2009: Present: 1/09
 5/09
 9/09

 Absent:
 3/09
 7/09

 2010: Present:
 3/10
 5/10
 9/10
 11/10

 Absent:
 1/10
 7/10

 2011: Present:
 1/11
 5/11
 11/11

 Absent:
 3/11
 7/11

 2012: Present:
 3/12
 Absent:
 3/12

 Absent:
 1/12
 11/2
 11/2

NO 9/15/11 meeting

## Attachment #

Attendance record for Dr. Craig Kushnir

# Seat# 7 ER Physician

 SEAT 7: Dr. Craig Kushnir
 (4/20/10)
 04/20/10 to 04/19/12

 2010:
 Present:
 7/10
 11/10

 Absent:
 9/10

 2011:
 Present:
 1/11

 Absent:
 2/11
 7/11
 11/11

 Absent:
 1/12
 3/12

Absent:

\*There was not a meeting 9/15/11