



University Medical Center of Southern Nevada
Governing Board Application

GENERAL INFORMATION & EXPRESSION OF INTEREST

Applicant Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

If Retired or Less Than Three Years at Current Employer, Please Provide Most Recent Previous

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

REFERENCES

Professional: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Personal: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

PLEASE ATTACH A COPY OF YOUR CURRENT RESUME OR SUMMARY BIO

Statement of Interest (Use additional pages if necessary)

Please briefly describe your interest in supporting UMC by serving on the Governing Board.



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## *Governing Board Application*

### **I. BACKGROUND AND EXPERIENCE (Use additional pages if necessary)**

#### **A. Health Industry Experience**

Please describe any relevant experience in the healthcare industry, including any knowledge or experience you may have of the regulatory and competitive environment facing teaching hospitals, with quality improvement initiatives, operational reforms, integrated system development, medical education or safety net populations.

#### **B. Other Professional Experience**

Apart from health care experience, please summarize your professional experience, including education and professional positions.

#### **C. Public and Nonprofit Board Affiliations**

Please list below any boards and committees you are currently serving on, or have service on (public or nonprofit). Please list, if applicable, the jurisdiction and the term of appointment, and any leadership role you may have played on such board(s).



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**D. Financial Oversight, Capital Formation & Philanthropic Fundraising**

Please describe any experience you have had with respect to financial oversight, including review and approval of operating and capital budgets, oversight of capital projects, review of financial statements and philanthropic fundraising.

**II. POTENTIAL CONFLICTS OF INTEREST**

**A. Business Relationships with UMC**

Are you or any of your family members, members of your household or close business associates currently participating in any business transaction with UMC? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you or any of your family members, members of your household or close business associates participated in any business transactions with UMC within the past five years or plan to do so in the future? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please describe.

**B. Competition with UMC**

Do you or any of your family members, members of your household or close business associates hold or have agreed to hold an official position (e.g., investor, employee, director, officer, trustee, or consultant) with any outside organization which you have reason to believe competes against UMC? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, please describe.



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### C. **Relationships with Clark County Government**

Are you or any of your family members or members of your household related by blood, adoption or marriage to any member of the County Commission, UMC senior management, or any employees or consultants of UMC?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state the name of each related person and the nature of the relationship.

*I certify that the information provided is true and accurate to the best of my knowledge.*

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*Signature*

*Date*

Please email your completed application to the attention of Governing Board Secretary Stephanie Ceccarelli, at [stephanie.ceccarelli@umcsn.com](mailto:stephanie.ceccarelli@umcsn.com)

**Applications must be received no later than 5:00 pm on November 30, 2021.**  
*(This document becomes a public record once it has been received by UMC)*