



A Tradition of Stewardship
A Commitment to Service

RECEIVED

DEC 07 2015

NAPA COUNTY
EXECUTIVE OFFICE

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4421
Fax: (707) 253-4176

Nancy Watt
County Executive Officer

December 2 2015

Donald Hitchcock, MD

Napa CA 94558

Re: Napa County Tobacco Advisory Board

Dear Dr. Hitchcock:

The term of your position representing the Napa County Tobacco Advisory Board expires on January 31, 2016.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another 2-year term, as you have been a valued member of the Napa County Tobacco Advisory Board.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the Napa County Tobacco Advisory Board for the term commencing immediately and expiring January 31, 2018
- I confirm by signing below that all the information on my application is current; or
- Some of the information on my prior application is no longer correct. A new application is attached.

SIGNATURE

12/4/2015
DATE



County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176

eAFA

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Tobacco Advisory Board

*Category of membership for which you are applying:
(This information can be found on the news release announcing the opening.
You may apply for more than one category if more than one position is open.)

member

*Supervisorial District in which you reside:

five 4

*Full Name

Donald Neal Hitchcock

Date

11/14/14

*Current Occupation (within the last twelve (12) months):

Physician Advisor, Community Outreach Dept,
Queen of the Valley Medical Center

Current License (Professional or Occupational); Date of issue and/or expiration including status:

Medical Doctor exp. Nov. 30, 2015

Education/Experience: (A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)

MD degree UC Davis 6/71
Solo Family Medicine 25 years
Physician Advisor Community Outreach 11 years
Medical Director, Clinical Information Dept,
CVMC

Community participation (nature of activity and community location):

Member Healthy Aging Population Initiative
Stony Falls Napa County
Napa County Asthma Coalition

Other County Board/Commission/Committee on which you serve/have served:

* Denotes Mandatory Entry Required

APPLICATION FOR APPOINTMENT TO BOARDS, COMMISSIONS, COMMITTEES, OR TASK FORCE

Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Tobacco Advisory Board

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

Randolph Snowden

*Name

Yeggy Klick (CAW)

*Address

[Redacted]

*Address

[Redacted]

*City

Wapa

*State

CA

*Zip Code

94558

*City

Wapa

*State

CA

*Zip Code

94558

*Telephone

[Redacted]

*Telephone

[Redacted]

*Name

Yana Codrion

*Address

[Redacted]

*City

Wapa

*State

CA

*Zip Code

94558

*Telephone

[Redacted]

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

Patricia Hatcher, Office Manager, Sun for Math

*Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute:

I am supporting CAW on their new Tobacco Cessation Education Program to provide services to inpatients at Queen of the Valley. Working with the Live Healthy Wapa County program - member of Community Health Committee for Wapa County Medical Society. vast experience with health consequences of tobacco.

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Tobacco Advisory Board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, but may be used by the Board of Supervisors when making the appointment, or be used by the committee/commission/board/task force following appointment for purposes of communicating with the appointee.

Full Name

Ronald Neal Hitchcock

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

*City

Wapa

State

CA

*Zip Code

94558

*City

Wapa

State

CA

Zip Code

94558

*Telephone

[Redacted]

Telephone

[Redacted]

