



A Tradition of Stewardship  
A Commitment to Service

December 2 2015

David Kerns, MD

Napa CA 94558

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)

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

Nancy Watt  
County Executive Officer

RECEIVED

DEC 07 2015

NAPA COUNTY  
EXECUTIVE OFFICE

Re: Napa County Tobacco Advisory Board

Dear Dr. Kerns:

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

12/2/15  
DATE



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

RECEIVED

DEC 15 2011

COUNTY OF NAPA  
EXECUTIVE OFFICE  
RECEIVED

eAFA

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

FEB 03 2010

PLEASE TYPE OR PRINT (Complete pages 1 through 3)

\*Application for Appointment to: (Name of Board, Commission, Committee or Task Force) COUNTY OF NAPA EXECUTIVE OFFICE

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.)

Public Representative

\*Supervisorial District in which you reside:

District 2

\*Full Name

David L. Kerns, MD

Date

2/3/10

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

Physician

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

G42851 active medical license since 1980

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

Semi-retired physician/hospital executive:

Adjunct Clinical Professor of Pediatrics, Stanford University School of Medicine - 1985 - present  
Chairman, Department of Pediatrics, Santa Clara Valley Medical Center, San Jose, CA - 1985-1998  
Chief Medical Officer, Santa Clara Valley Medical Center, San Jose, CA - 1998 - 2003  
Director Emeritus (part-time), Center for Child Protection, Santa Clara Valley Medical Center, San Jose, CA - 2004-present

Community participation (nature of activity and community location):

Moved to Napa one year ago - this is my first application for volunteer community involvement

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

None

\* Denotes Mandatory Entry Required

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

Steve Harris, MD

\*Name

John Stirling, MD

\*Address

[Redacted Address]

\*Address

[Redacted Address]

\*City

San Jose

\*State

CA

\*Zip Code

95128

\*City

San Jose

\*State

CA

\*Zip Code

95128

\*Telephone

[Redacted Telephone]

\*Telephone

[Redacted Telephone]

\*Name

Mary Ritter

\*Address

[Redacted Address]

\*City

San Jose

\*State

CA

\*Zip Code

95128

\*Telephone

[Redacted Telephone]

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

Gayle Kerns - retired; currently volunteer at NV Historical Society, NV Museum and Napa Library

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

My wife and I recently (14 months ago) retired and moved to Napa. Having settled in, I would like to volunteer some of my time contributing to the community. I have career-long experience in health care as a clinical pediatrician, as a health care administrator, and as a public policy advocate. I believe I could make a meaningful contribution to the Tobacco Advisory Board, particularly regarding health effects of tobacco and public prevention strategies.

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

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

David L. Kerns, MD

\*e-mail Address

[Redacted]

\*Home Address

[Redacted]

\*Work Address

[Redacted]

\*City

Napa

State

CA

\*Zip Code

94558

\*City

San Jose

State

CA

Zip Code

95128

\*Telephone

[Redacted]

Telephone

[Redacted]

**Please Read!**