



HAYWOOD COUNTY
BOARD OF COMMISSIONERS

AGENDA REQUEST

**Must be presented to the County Manager's Office
NO LATER THAN 5 P.M. FRIDAY THE WEEK BEFORE THE MEETING**

DATE OF REQUEST: October 1, 2012

FROM: Marty Stamey, County Manager

MEETING DATE REQUESTED: October 15, 2012

*Regular meetings: First (1st) Monday of the month at 9:00 am
Third (3rd) Monday of the month at 5:30 pm*

SUBJECT: Appointment of five (5) members to the HRMC Hospital Authority Board

REQUEST: Appoint five (5) members to the HRMC Hospital Authority Board

BACKGROUND: Appointment would be effective immediately and would serve three year term that ends in April 2015. The nominating committee of HRMC Hospital Authority Board submitted a recommendation letter for the candidates. The Board of County Commissioners interviewed the one individual who was not an incumbent.

IMPLEMENTATION PLAN: Term to begin on immediately with a term date April, 2015 at the time of the HRMC Hospital Board Authority meeting.

FINANCIAL IMPACT STATEMENT: N/A

SUPPORTING ATTACHMENTS: YES NO HOW MANY? 2

LIST: Letter from Nominating Committee and Applications of potential candidates

PowerPoint Presentation: YES NO

PERSON MAKING PRESENTATION AT MEETING: Marty Stamey

TITLE: County Manager

PHONE NUMBER: 828-452-6625

E-MAIL: mstamey@haywoodnc.net

THIS SECTION FOR OFFICE USE ONLY

Received (Date/Time): _____

County Manager / Clerk to the Board Comments: _____

In an effort to save paper, attachments should be copied on both front and back sides.



Haywood Regional Medical Center

September 28, 2012

Mr. Mark Swanger, Chairman
Haywood County Board of Commissioners
215 North Main St.
Waynesville, NC 28786

RE: Haywood Regional Medical Center Board Members

Dear Mr. Swanger:

The Nominating Committee has interviewed all the applicants, including the current members, that applied to be reappointed.

Haywood Regional Medical Center Board unanimously recommends that the following individuals be reappointed to the board of HRMC:

- ❖ Jean Burton
- ❖ Bennie Sharpton, MD
- ❖ Norman Yearick
- ❖ Henry Nathan, MD

And that Deborah Porto be appointed as a new appointment as a replacement for Mark Clasby.

As you are aware, we have been careful to develop a board with a variety of skills and backgrounds that we deemed necessary to provide the oversight and guidance of Haywood Regional Medical Center. We have been extremely pleased with the performance, dedication, and involvement of the board.

If you have questions, please don't hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cliff Stovall', written in a cursive style.

Cliff Stovall, Chair
Haywood Regional Hospital Board of Commissioners

cc: Phil Smith

Interview: October 15
4:45 pm

Rec'd via email
AUG 06 2012
9:00am

awo



APPLICATION FOR APPOINTMENT TO:

Haywood Regional Medical Center Hospital Authority Board of Commissioners
Board or Commission Name

NAME: Deborah Porto, Ed.D. DATE: 8-5-12
HOME ADDRESS: 634 Big Stomp Road
Waynesville, NC 28786 PHONE: 828-421-8165
EMPLOYER: Haywood Community College
BUSINESS ADDRESS: 112 Industrial Park Drive, Waynesville, NC 28786 PHONE: 828-627-4632
NOMINATED BY: self

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:

none

BUSINESS AND CIVIC EXPERIENCE:

Fourteen years industry experience as an engineer. 20 years experience as an educational administrator in post secondary education.
Served on board for W.P. Hickman (manufacturer) and HandMade in America (nonprofit).

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:

I would like to serve on the HRMC Hospital Authority Board to offer my time and professional experience to Haywood County. The hospital is a critical component of the human and economic health of our region, and it is facing ongoing challenges as healthcare practices evolve locally and nationally.

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:

Race white Sex female I am a resident of the City _____
I am a resident of the County from the: North _____ South _____ East X West _____
I have been a resident of Haywood County for 19 years.

Return this form to:
Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-6625 FAX (828) 452-6715

Deborah Porto

Signature of Applicant

I understand that this application will be kept on active file for one year only.

Haywood County does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap, or disability in admission or access to or treatment or employment, in its services, programs, and activities in compliance with applicable federal and state laws.

FOR OFFICE USE ONLY

Appointed: _____ Appointed: _____ Appointed: _____
Term: _____ Term: _____ Term: _____
Beginning: _____ Beginning: _____ Beginning: _____
Expiring: _____ Expiring: _____ Expiring: _____

10-02-2012 - emailed - requested interview w/ Bocc - awo
4:34 pm

Revised January 2003

10-02-2012 - received confirmation email re: interview - awo
5:16 pm

Rec'd in office
AUG 02 2012
awo



APPLICATION FOR APPOINTMENT TO:

Hospital Authority Board of Commissioners
Board of Commission Name

NAME: Jean M. Burton DATE: 8/1/2012
HOME ADDRESS: 22 Camellia Court
Waynesville, NC 28786 PHONE: 828-452-1916
EMPLOYER: retired
BUSINESS ADDRESS: _____ PHONE: _____
NOMINATED BY: self

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:

Medwest-Haywood Board Member. Served as Chair, Secretary, and member of Bylaws and Quality Committees. Also serve on Healthy Haywood.

BUSINESS AND CIVIC EXPERIENCE:

Hospital Human Resources exec, W'ville Sunrise Rotary Board Member, Master Gardeners officer, Leadership Haywood Advisory Board. Professional and church committee leadership.

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:

My career in healthcare spanned many years. It included direct patient care through the executive level. I believe my experience and knowledge of the community will help meet our hospital's present and future challenges.

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:

Race C Sex F I am a resident of the City Waynesville
I am a resident of the County from the: North _____ South _____ East _____ West _____
I have been a resident of Haywood County for 11 years.

Return this form to:

Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-6625 FAX (828) 452-6715

Jean Burton
Signature of Applicant
I understand that this application will be kept on active file for one year only.

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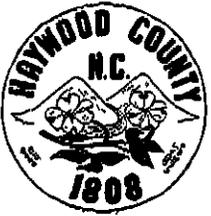
FOR OFFICE USE ONLY

Appointed: _____	Appointed: _____	Appointed: _____
Term: _____	Term: _____	Term: _____
Beginning: _____	Beginning: _____	Beginning: _____
Expiring: _____	Expiring: _____	Expiring: _____

Rec'd in office AUG 02 2012
(circled)

faxed 2/20/12

8/1/12 ✓



APPLICATION FOR APPOINTMENT TO:

HAYWOOD REGIONAL MEDICAL CENTER
Board of Commission Name

NAME: NORMAN YEARICK DATE: 2/20/12
HOME ADDRESS: 411 Silent Acres Rd / PO Box 1612
WAYNESVILLE, NC 28785 / L.J. NC 28145 PHONE: 828-734-2307
EMPLOYER: RETIRED
BUSINESS ADDRESS: _____ PHONE: N/A
NOMINATED BY: FRANK POWER - Nominating Committee Chair

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:

HAYWOOD REGIONAL MEDICAL CENTER BOARD OF COMMISSIONERS

BUSINESS AND CIVIC EXPERIENCE:

Industrial Management
Good Samaritan Clinic; Hospice Chaplain

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:

I have served on this board for 3 years and feel it would be a benefit and responsibility to continue for another term.

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:

Race C(W) Sex M I am a resident of the City _____
I am a resident of the County from the: North South _____ East _____ West _____
I have been a resident of Haywood County for 16 years.

Return this form to:
Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-6625 FAX (828) 452-6715

Norman Yearick

Signature of Applicant

I understand that this application will be kept on active file for one year only.

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Term: _____ Term: _____ Term: _____
Beginning: _____ Beginning: _____ Beginning: _____
Expiring: _____ Expiring: _____ Expiring: _____

Rec'd via mail -
postmark was
August 2 - before
deadline - (and)



APPLICATION FOR APPOINTMENT TO:

AUG 07 2012

HRMC

Board or Commission Name

NAME: Henry Nathan DATE: 8/1/12
HOME ADDRESS: 143 PLOTT Valley Rd PHONE: 452-2660
Waynesville, NC 28786
EMPLOYER: medwest PHONE: 452-0331x218
BUSINESS ADDRESS: 600 Hospital Dr. Ste 9
NOMINATED BY: reappointment Clyde, NC 28721

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:
just HRMC + medwest

BUSINESS AND CIVIC EXPERIENCE:
unchanged since last application

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:
to continue to try to help guide HRMC
through these challenging times.

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following:

Race W Sex M I am a resident of the City _____
I am a resident of the County from the: North _____ South _____ East _____ West
I have been a resident of Haywood County for 29 years.

Return this form to:
Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-6625 FAX (828) 452-6715

Henry Nathan
Signature of Applicant
I understand that this application will be kept on active file for one year only.

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Term: _____ Term: _____ Term: _____
Beginning: _____ Beginning: _____ Beginning: _____
Expiring: _____ Expiring: _____ Expiring: _____

Rec'd via email

AUG 02 2012 awo



APPLICATION FOR APPOINTMENT TO:

Haywood Regional Hospital Board of Commissioners
Board or Commission Name

NAME: Bennie R. Sharpton M.D. DATE: 8-01-12
HOME ADDRESS: 350 Rogers Cove Rd.
Waynesville, NC 28786 PHONE: 828-452-9100
EMPLOYER: Retired
BUSINESS ADDRESS: _____ PHONE: _____
NOMINATED BY: Self but endorsed by Haywood Reg. Hospital Board of Commissioners

COUNTY BOARDS OR COMMITTEES PRESENTLY SERVING ON:
Haywood Regional Hospital Board of Commissioners

BUSINESS AND CIVIC EXPERIENCE:

Active Surgical Practice for 31 yr. at Haywood Regional Med. Ctr.
Currently completing a term on the Haywood Reg. Med. Ctr.
Board of Commissioners

PLEASE STATE REASON(S) WHY YOU WOULD LIKE TO SERVE ON THIS BOARD/COMMITTEE:

I can bring to the Board my medical experience,
as well as previous Board experience.
With extensive patient contact over 31 yr. of practice, I
believe I understand the medical needs of the residents of

For the purpose of diversity and balance on the County's Boards and Commissions, please complete the following: Haywood Co.

Race W Sex M I am a resident of the City Waynesville
I am a resident of the County from the: North _____ South _____ East _____ West
I have been a resident of Haywood County for 33 years.

Return this form to:
Clerk to the Board of Commissioners
215 N. Main Street
Waynesville, NC 28786
Phone (828) 452-8625 FAX (828) 452-8715

Bennie R. Sharpton MD
Signature of Applicant
I understand that this application will be kept on active file for one year only.

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Term: _____	Term: _____	Term: _____
Beginning: _____	Beginning: _____	Beginning: _____
Expiring: _____	Expiring: _____	Expiring: _____