

Contra Costa County

Please return completed applications to: Clerk of the Board of Supervisors 1025 Escobar Street, 1st Floor Martinez, CA 94553 or email to: ClerkofTheBoard@cob.cccounty.us

BOARDS, COMMITTEES, AND COMMISSIONS APPLICATION

First Name	Middle Initial	Last Name		
Home Address - Street	City		State	Postal Code
Primary Phone (best number to reach you)	Email Address			
Resident of Supervisorial District (if out of Cou	nty, please enter N	J/A):	District Locat	tor Tool
Do you work in Contra Costa County? Yes	No lf Yes, i	n which District do	o you work?	
Current Employer	Job Title		Length	of Employment
How long have you lived or worked in Contra	Costa County?			
Board, Committee, or Commission		Seat Name		
Have you ever attended a meeting of the advi	sory board for wh	ich you are applyii	ng?	
Pease check one: Yes	No I	f Yes, how many?		
EDUCATION .				
EDUCATION	a fallowing			
Check appropriate box if you possess one of the following:High School DiplomaCA High School Proficiency CertificateG.E.D. Certificate				
Colleges or Universities Attended De	egree Type/ Course	of Study/Maior	Degree Awa	rded
		······	Yes	No
			Yes	No
			Yes	No
Occupational Licenses Completed:				
			Certificate A	warded for Training?
			Yes	No
Other Trainings Completed:			Yes	No
Do you have any obligations that might affect	your attendance a	it scheduled meeti	ngs? _{Yes}	No
If Yes, please explain:				
Would you like to be considered for appointment to other advisory bodies for which you may be qualified? Y_{es} No				
Would you like to be considered for appointm	ent to other advis	ory bodies for whi	ch you may be	e qualified? Yes No
Would you like to be considered for appointm Are you a veteran of the U.S. Armed Forces?	ent to other advis Yes No	ory bodies for whi	ch you may be	e qualified? Yes No

THIS FORM IS A PUBLIC DOCUMENT

Please explain why you would like to serve on this particular board, committee, or commission.

Describe your qualifications for this appointment. (NOTE: you may also include a copy of your resume).

I am including my resume with this application:

Please check one: Yes No

Are you currently or have you ever been appointed to a Contra Costa County advisory board?

Please check one: Yes No If Yes, please list the Contra Costa County advisory board(s) on which you are **currently** serving:

If Yes, please also list the Contra Costa County advisory board(s) on which you have **previously** served:

List any volunteer and community experience, including any boards on which you have served.

Do you have a familial relationship with a member of the Board of Supervisors? (Please refer to the relationships listed under the "Important Information" section on page 3 of this application or Resolution No. 2021/234).

Please check one: Yes No

If Yes, please identify the nature of the relationship:

Do you have any financial relationships with the county, such as grants, contracts, or other economic relationships?

Please check one: Yes No If Yes, please identify the nature of the relationship:

PAGE 2 of 3

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I CERTIFY that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I acknowledge and understand that all information in this application is publicly accessible. I understand and agree that misstatements and/or ommissions of material fact may cause forfeiture of my rights to serve on a board, committee, or commission in Contra Costa County.

Signed:

Date:

Submit this application to: ClerkofTheBoard@cob.cccounty.us OR Clerk of the Board 1025 Escobar Street, 1st Floor Martinez, CA 94553

Questions about this application? Contact the Clerk of the Board at (925) 655-2000 or by email at ClerkofTheBoard@cob.cccounty.us

Important Information

1. This application and any attachments you provide to it is a public document and is subject to the California Public Records Act (CA Government Code §6250-6270).

2. All members of appointed bodies are required to take the advisory body training provided by Contra Costa County.

3. Members of certain boards, commissions, and committees may be required to: 1) file a Statement of Economic Interest Form also known as a Form 700, and 2) complete the State Ethics Training Course as required by AB 1234.

4. Meetings may be held in various locations and some locations may not be accessible by public transportation.

5. Meeting dates and times are subject to change and may occur up to two (2) days per month.

6. Some boards, committees, or commissions may assign members to subcommittees or work groups which may require an additional commitment of time.

7. As indicated in Board Resolution 2021/234, a person will not be eligible for appointment if he/she is related to a Board of Supervisors' member in

any of the following relationships: (1) Mother, father, son, and daughter; (2) Brother, sister, grandmother, grandfather, grandson, and granddaughter; (3) Husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepson, and stepdaughter; (4) Registered domestic partner, pursuant to California Family Code section 297; (5) The relatives, as defined in 1 and 2 above, for a registered domestic partner; (6) Any person with whom a Board Member shares a financial interest as defined in the Political Reform Act (Gov't Code §87103, Financial Interest), such as a business partner or business associate.

Vincent R. Mason, MD

Peninsula Medical Clinic-San Mateo | Palo Alto Medical Foundation **EDUCATION** BS, Magna Cum Laude, Howard University, Washington, DC Undergraduate 1976-1980 Medical School Doctor of Medicine, University of Alabama, Birmingham, AL 1980-1984 Internship University of Cincinnati Children's Hospital, Cincinnati, OH 1984-1985 University of Cincinnati Children's Hospital, Cincinnati, OH Residency 1985-1987 Clinical Fellowship UCSD School of Medicine, Department of Pediatrics, Division of Adolescent Medicine, San Diego, CA 1987-1989 Faculty Development/ University of Washington School of Medicine Research Fellowship Department of Pediatrics, Division of Adolescent Medicine, 1989-1990 Seattle, WA

CLINICAL EXPERIENCE

2017 to present	Palo Alto Foundation/Medical Group 123 South San Mateo Drive San Mateo, CA 94401
2010–2017	Peninsula Medical Clinic—San Mateo Palo Alto Medical Foundation 123 South San Mateo Drive San Mateo, CA 94401
2002–2010	Bay Area Pediatrics Medical Group 123 South San Mateo Drive San Mateo, CA 94401
1992–2002	Clinica De Salud Del Valle De Salinas, FQHC Pediatrics and Adolescent Medicine Working with indigent migrant workers 219 North Sanborn Road Salinas, CA 93905

1995–1997	Assistant Clinic Professor of Pediatrics, Step III UCSD School of Medicine/Medical Center Department of Pediatrics Division of Adolescent Medicine San Diego, CA
1996–1997	Family PACT and Adolescent Health Comprehensive Health Center 3177 Ocean View Boulevard San Diego, CA 92113
1993–1995	Assistant Clinic Professor of Pediatrics, Step II UCSD School of Medicine/Medical Center Department of Pediatrics Division of Adolescent Medicine San Diego, CA
1992–1996	Clinician Adolescent Medicine/Teen OB Clinic UCSD School of Medicine and Medical Center Department of Pediatrics Division of Adolescent Medicine San Diego, CA
1990–1992	Pediatrician/Adolescent Medicine Specialist/Juvenile Detention San Bernardino County Medical Center Department of Pediatrics San Bernardino, CA
1990 (July to Oct.)	Private Pediatrician <i>Locum Tenens</i> Pediatric Group of Aberdeen, WA Aberdeen, WA
1988–1989	Clinical Instructor UCSD School of Medicine Department of Pediatrics Division of Adolescent Medicine San Diego, CA
1987–1989	Pediatrics/Adolescent Consultant Hillcrest Receiving Home San Diego, CA

LICENSURE

State of California #G 62820, expires Jan. 31, 2024 DEA # BM 4017720, expires Jan. 31, 2024

HONORS AND AWARDS

Magna Cum Laude, BS, Zoology, Howard University, 1980 Phi Beta Kappa Honor Society, Howard University, 1980 Beta Kappa Chi Science Honor Society, Howard University, 1980 Westwood Award in Clinical Adolescent Medicine, Cincinnati Children's Hospital, 1987 Award for "Outstanding Service and Dedication," Health Careers Opportunity Program, 1996

JOURNAL ARTICLE

Mason, V.R., Felice, M.F., Jalowayski, A., Puryear, B., Walpita, P., and Connor, M.: *Rhinoprobe scraper versus swab: an efficacy comparison study of sampling techniques to detect Chlamydia trachomatis cervicitis.* Presented as a poster at the Annual Meeting of the Society for Adolescent Medicine, San Francisco, CA March 19–22, 1989

RESEARCH INTERESTS

Risk-taking behavior in adolescents Interviewing techniques in adolescents Contraceptive choices in adolescent females and their partners Teen pregnancy and male involvement towards prevention Community health related to adolescent health and behavior

CLASSES: Informal Audit

Jan. to May 1989	Research Method and Design Instructor: Melbourne Hovell, PhD. San Diego State University, San Diego, CA
July to Aug. 1989	Clinical Epidemiology Instructor: Noel Weiss, PhD. University of Washington, Seattle, WA
CLASSES: Formal Audit	
Sept. to Dec. 1990	Biostatistics 511 Instructor: Gerald Van Belle, PhD. University of Washington, Seattle, WA
Jan. to May 1990	Medical Education 520 (Emphasis on teaching styles and techniques) University of Washington, Seattle, WA
April to June 1993	Biostatistics UCSD Medical Center Department of Reproductive Medicine San Diego, CA

COMMITTEE SERVICE

California Medical Association

2021–2024	Board of Trustees 1 st Term, District VII	
2021–2024	Board of Trustees Liaison to The Council of Ethical, Legal and Judicial Affairs	
2018	Advisory Council, Physicians for a Healthy California	
2012–2018	CalPAC Trustee, Senate District 12	
2012 to present	Delegate, District VII	
Health Plan of San Mateo		
2014–2017	San Mateo Health Commission	
2007 to present	Peer Review Committee and Physicians Advisory Group	
Mills Peninsula Medical Group, Peninsula Medical Clinics		
2007–2011	Quality Assurance Committee	
Palo Alto Medical Foundation, Mills Peninsula Division		
2012–2015	Quality Improvement (QI) Committee	
San Mateo County Medical Association		
2014–2015	President	
2012–2016	Executive Committee Officer	
2010–2016	Board of Directors	

PROFESSIONAL SOCIETY AFFILIATIONS

American Medical Association California Medical Association San Mateo County Medical Association