

# Exhibit

## M



KAREN L. WRUBEL, D.P.M., *President*  
 ALEIDA GERENA-RIOS, M.B.A.

RAYMOND K. CHENG, A.I.A.  
 JAMES J. LONGOBARDI, D.P.M.

KRISTINA M. DIXON, M.B.A.  
 NEIL B. MANSDORF, D. P. M.

## 6. Legislative Committee

Ms. Dixon, *chair*  
 Dr. Longobardi, *vice*

### a. Overview .....M

At our last meeting, BPM voted unanimously to support SB 1111, the Administration's *Consumer Health Care Enforcement Act*. On April 22, the bill failed to pass the Senate Business and Professions Committee.

### b. SB 953 .....N

SB 953 (Mimi Walters), sponsored by BPM, has passed without a single "No" vote in either the Senate or Assembly. Despite difficult moments, the votes and statements of the lawmakers reflect noteworthy high regard for podiatric medical doctors.

The bill eliminates B&P Code subsection 2397(d), thus enabling DPMs to provide any Good Samaritan emergency care with the same protection from liability as MDs and other providers, without regard to scope. SB 953 awaits the Governor's signature.

### c. Sunset review .....O

Under current law, BPM sunsets January 1, 2013. Bill Gage, chief consultant of the Senate B&P Committee, advises "we have set up a four year schedule for review." In March, a request for information was sent to nine boards chosen for review this fall. BPM is up in 2011. When the boards up this year file their reports this fall, we will see what is being requested. Mr. Gage says our "sunset extension bill would be in 2012, to extend your 2013 date, which we would sponsor."

Mr. Gage's committee analysis of currently-moving AB 2130 states that it "repeals provisions which allow a board to become a bureau under the Department in the event that any board becomes inoperative or is repealed (sunsets). [This will require the Legislature to take an affirmative action to decide on the appropriate changes and continuation of the board prior to its sunset date.]"

The new sunset report requirements are expected to be less voluminous than in BPM's previous reviews in 1997 and 2001. The review and committee bill may be an opportunity, as before, to advance legislative proposals. The Board has previously endorsed a number of clean-up and modernization provisions. Preparing this report and hearings before the Assembly and Senate B&P Committees will be a major BPM activity next year, as monitoring the extension legislation will be in 2012.

July 14, 2010

# Exhibit

N



KAREN L. WRUBEL, D.P.M., *President*  
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NEIL B. MANSDORF, D. P. M.

July 7, 2010

The Honorable Arnold Schwarzenegger  
Governor  
State Capitol  
Sacramento, CA 95814

**Subject:** BPM Supports SB 953 (Senator Mimi Walters)

Dear Governor Schwarzenegger:

The Board of Podiatric Medicine (BPM) supports SB 953 and respectfully requests your approval. SB 953 has passed both houses without a single "no" vote. It will remove a barrier enacted 30-years ago to highly-trained Doctors of Podiatric Medicine (DPMs) providing Good Samaritan emergency care.


Consistent with your 2007 Healthcare Surge initiative, SB 953 deletes subsection 2397(d) of the Business and Professions Code: "Nothing in this article shall be construed to authorize practice by a podiatrist beyond that set forth in Section 2473."

Following Katrina, your Healthcare Surge project mandated that California be better prepared in the event of a medical disaster. The Departments of Public Health and Consumer Affairs directed health licensing boards to alert licensees to be ready. They also asked that we remove barriers now that could slow medical response when caseloads are soaring, and provider ranks are thinned, immobilized and overwhelmed.

BPM reviewed the Good Samaritan statutes, including Article 17 (Sections 2395-2398), which provides exemptions from liability during medical emergencies. During 2007 interagency meetings, there was agreement by all that Section 2397(d) is an imprudent anachronism that does not reflect desired public policy.

SB 953 does *not* alter the Doctor of Podiatric Medicine's normal scope of practice in Section 2472 (previously numbered 2473). It *does* provide our 2,000 DPMs can assist during an emergency as specified in Article 17 (Sections 2395-2398) without regard to Section 2472.

Thank you very much for your leadership and support.

Sincerely,  
  
Jim Rathlesberger, MPA  
Executive Officer  
Board of Podiatric Medicine  
916-263-2650  
916-834-2445

# Exhibit O

## BUSINESS AND PROFESSIONS CODE

### SECTION 2460-2499.8

2460. (a) There is created within the jurisdiction of the Medical Board of California the California Board of Podiatric Medicine.

(b) This section shall remain in effect only until January 1, 2013, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2013, deletes or extends that date. The repeal of this section renders the California Board of Podiatric Medicine subject to the review required by Division 1.2 (commencing with Section 473).

2460.1. Protection of the public shall be the highest priority for the California Board of Podiatric Medicine in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

2461. As used in this article:

(a) "Division" means the Division of Licensing of the Medical Board of California.

(b) "Board" means the California Board of Podiatric Medicine.

(c) "Podiatric licensing authority" refers to any officer, board, commission, committee, or department of another state that may issue a license to practice podiatric medicine.

2462. The board shall consist of seven members, three of whom shall be public members. Not more than one member of the board shall be a full-time faculty member of a college or school of podiatric medicine.

The Governor shall appoint the four members qualified as provided in Section 2463 and one public member. The Senate Rules Committee and the Speaker of the Assembly shall each appoint a public member.

2463. Each member of the board, except the public members, shall be appointed from persons having all of the following qualifications:

(a) Be a citizen of this state for at least five years next preceding his or her appointment.

(b) Be a graduate of a recognized school or college of podiatric medicine.

(c) Have a valid certificate to practice podiatric medicine in this state.

(d) Have engaged in the practice of podiatric medicine in this state for at least five years next preceding his or her appointment.

Exhibit

P



## Today's Podiatrist

“Podiatrists do it all.”

What does that mean? It means that with a career in podiatric medicine, each day is varied and every patient presents a unique challenge. In one day you may act as a sports medicine specialist, a surgeon, a dermatologist, a primary care physician and/or a pediatrician. That's because while podiatric medicine specializes in the care and treatment of feet and ankles, those same feet and ankles present a multitude of issues for the doctor of podiatric medicine (DPM) to diagnose and treat.

Doctors of podiatric medicine receive basic and clinical science education and training which is comparable to that of their medical colleagues.

## Education

Students interested in applying to podiatric medical schools must complete an undergraduate education from an accredited college or university with an emphasis on science or a pre-med curriculum. Approximately 95% of all first-year students entering the colleges of podiatric medicine possess baccalaureate degrees and about 10% have advanced degrees. As with institutions granting MD and DO degrees, the colleges may consider candidates who show unusual promise and have completed a minimum of 90 semester hours at accredited undergraduate colleges or universities. Applicants for admission are also required to complete the Medical College Admission Test (MCAT) as a prerequisite although some of the colleges may accept other exams as well.



Eight colleges are accredited by the Council on Podiatric Medical Education, and one new college has applied for accreditation. The Council is recognized by the US Secretary of Education and the Council on Higher Education Accreditation. All of the colleges grant the degree of doctor of podiatric medicine (DPM). Students who are interested in attending a college of podiatric medicine can contact any of the colleges directly for more information.

Candidates for podiatric medical schools can apply online by contacting the American Association of Colleges of Podiatric Medicine at [www.aacpm.org](http://www.aacpm.org). In addition, the AACPM has a mentor network that matches students interested in podiatric medicine to podiatrists in their areas.





The course of instruction leading to the DPM degree is four years in length and provides general medical training with a focus on the lower extremities. The first two years are devoted largely to classroom instruction and laboratory work in the basic medical sciences, such as anatomy, physiology, microbiology, biochemistry, pharmacology, and pathology. During the third and fourth years, students concentrate on courses in the clinical sciences, gaining experience in the college clinics, community clinics, and accredited hospitals. Clinical courses include but are not limited to general diagnosis, dermatology, general medicine, podiatric surgery, trauma, and biomechanics.

### **Training**

After completing the four-year course of study in podiatric medicine and receiving the DPM degree, the doctor will begin a postdoctoral residency program. These programs are designed to strengthen and refine the practitioner's podiatric medical and surgical knowledge and skills. Residency programs are based in accredited hospitals and last from two to four years. Podiatric residents often rotate through private offices as well, in order to learn important business and interpersonal skills.

### **Experience**

In addition to private practices, podiatric physicians serve on the staffs of hospitals and long-term care facilities, and on the faculties of schools of medicine and nursing. They can also be commissioned officers in the Armed Forces and US Public Health Service, work in the Department of Veterans Affairs and in municipal health departments. Many podiatrists today are also members of group medical practices. They generally are active in their communities as well.

While podiatric medicine is already a medical specialty, many practitioners can focus on a particular area of podiatric medicine. These options can include surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, and primary care.

Podiatric physicians are licensed in all 50 states, the District of Columbia, and Puerto Rico to treat the foot, ankle and related or governing structures by medical, surgical, or other means. Nearly all private and public health insurance plans provide coverage for the services of doctors of podiatric medicine.

### **Satisfying**

As the American population ages and the incidence of diabetes increases, the demand for podiatric services is going to rise significantly. The Bureau of Labor Statistics (BLS) projects job growth of about 16% in podiatric medicine between 2004 and 2014. And, a recent workforce study conducted by the Center for Health Workforce Studies at the University at Albany indicates that the nation's nine colleges of podiatric medicine would have to triple their graduates in the next three decades in order to meet growing population demands.



Foot and ankle disorders are among the most widespread and neglected health problems affecting people in this country. As more Americans engage in exercise and fitness programs, more of them become aware of the limits that foot and ankle pain places on full participation. In addition, the number of older Americans is increasing almost three times as fast as the population as a whole, creating a true need for the services of podiatric medical practitioners.

### **Flexible**

Students interested in podiatric medicine should consider a number of factors. First and foremost, the lifestyle offered by a career in podiatric medicine fits the goals of many young people today. While podiatrists work hard, they also have the time to pursue their own individual interests. DPMs work an average of 35-42 hours a week, leaving time for family, hobbies, and outside interests.

### **Rewarding**

A recent survey done by the APMA (2007) indicated that the average podiatrist had a net income of \$150,000. Net income is higher for those DPMs who see more patients per week and those who are in group practices. The potential is outstanding for doctors who are willing to work hard, keep up with current trends and practice good patient care.

Most podiatrists are happy to have chosen this profession and are willing to educate young people about careers in podiatric medicine. The profession created a network of volunteer mentors who work with students, answer questions, and allow shadowing in their offices. Students can find a DPM mentor in their area and learn more about podiatric medicine by logging onto the APMA Web site and accessing the DPM Mentor Network. For more information on careers in podiatric medicine, click to contact any of the [colleges of podiatric medicine](#).

*The American Podiatric Medical Association (APMA) was founded in 1912 to promote levels of understanding of the profession; it continues to work to improve the quality of foot and ankle care in the United States, to attract qualified men and women to the field, and to increase awareness of the importance of foot and ankle health among the general public and other health professionals. APMA has more than 20 affiliated and related organizations, which focus attention on education, research, and specialty areas of interest, such as dermatology, pediatrics, radiology, sports medicine, surgery, and others.*

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9312 Old Georgetown Road, Bethesda, MD 20814-1621  
301 581 9200

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## **Podiatric Medicine Backgrounder**

### **Overview**

Doctors of Podiatric Medicine (DPMs) are podiatric physicians and surgeons, also known as podiatrists, qualified by their education and training to diagnose and treat conditions affecting the foot, ankle and related structures of the leg. Podiatrists are uniquely qualified among medical professionals to treat the foot and ankle based on their education, training and experience. DPMs are licensed by the state in which they practice podiatric medicine.

### **Qualifications**

Podiatrists are defined as physicians by the federal government and in most states. DPMs receive medical education and training comparable to medical doctors, including four years of undergraduate education, four years of graduate education at one of eight accredited podiatric medical colleges and two or three years of hospital residency training. Within the field of podiatry, practitioners can focus on many different specialty areas, including surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics or primary care.

### **Board Certification**

Most practicing APMA members are board certified. Certification is considered to be an earned credential for those podiatric physicians who have achieved certain levels of skill and ability based upon completion of specific advanced training and clinical experience and examination. The American Board of Podiatric Orthopedics and Primary Podiatric Medicine (ABPOPPM) is the certifying board for the specialty areas of podiatric orthopedics and primary podiatric medicine. The American Board of Podiatric Surgery (ABPS) is the certifying board for the specialty area of foot and ankle surgery.

### **About APMA**

Founded in 1912, the American Podiatric Medical Association (APMA), headquartered in Bethesda, Maryland, is the leading resource for foot and ankle health information. Currently, the organization represents a vast majority of the estimated 15,000 podiatrists in the country. In addition to the national headquarters, APMA boasts 53 state component locations throughout the United States and its territories, as well as affiliated societies.

APMA's staff, comprised of approximately 60 professionals, is dedicated to promoting foot and ankle health, member service and professional excellence. Looking toward the future, the APMA will continue to advance the growth and stability of podiatric medicine by increasing nationwide awareness of foot and ankle health through public education and legislative advocacy.

## Fast Facts on Podiatry

### Podiatric Medicine

- There are an estimated 15,000 podiatrists practicing in the United States.
- Podiatrists receive a doctor of podiatric medicine (DPM) degree.
- Doctors of podiatric medicine receive basic and clinical science education and training comparable to that of medical doctors, including four years of undergraduate education, four years of graduate study at one of the nine podiatric medical colleges, and two or three years of hospital-based post-graduate residency training.
- Podiatric medicine is to the foot and ankle what ophthalmology is to the eye and cardiology is to the heart.

### The Foot

- Each foot has 26 bones – both feet contain nearly one quarter of all the bones (206) of the body.
- Each foot is made up of an intricate network of over 100 tendons, ligaments, and muscles.
- Every step places 1.5 times your body weight of pressure on your foot (a 150-pound person places 225 pounds of pressure on the foot with every step).
- The average person walks 5,000 to 7,000 steps a day. The American Podiatric Medical Association (APMA) estimates that the average person will walk nearly 100,000 miles in a lifetime, between three to four times the earth's circumference.

### Foot Ailments

- Nearly eight in 10 Americans have experienced foot problems as a result of wearing uncomfortable or ill-fitting shoes.<sup>1</sup>
- The most reported foot ailments among Americans are heel pain, blisters, and ingrown toenails.<sup>1</sup>
- Heel pain is the most common foot ailment, with 43 percent of Americans experiencing this condition within the past year.<sup>1</sup>
- Six in 10 (60%) Americans who have experienced heel pain over the past year also have had trouble performing life's daily activities.<sup>1</sup>
- Other common foot ailments Americans have experienced within the past year include pain in the balls of the feet (35%), nail problems (33%), and sweaty feet or foot odor (32%).<sup>1</sup>
- Nearly three quarters (73%) of Americans have suffered from dry, rough, cracked, or irritated skin on their feet.<sup>1</sup>

### Foot Care

- Only a quarter (25%) of Americans who have experienced foot ailments have seen any sort of physician about their problem, and less than half that amount (12%) have visited a podiatrist.<sup>1</sup>
- Americans ages 50 and older who have experienced foot ailments have seen podiatrists more often than their 18- to 49-year-old counterparts (20% vs. 7%).<sup>1</sup>
- Almost four in 10 (39%) Americans who have experienced foot ailments rely on over-the-counter and self treatments for relief. Of this group, three in 10 (30%) choose to do nothing to relieve their ailing feet.<sup>1</sup>
- The most common barriers to foot care include a lack of medical insurance (32%) and money (22%).<sup>2</sup>

<sup>1</sup> 2009 APMA Foot Ailments Survey, represents 1,082 women and men aged 18-60

<sup>2</sup> 2009 APMA Type 2 Diabetes Study, represents 600 men and women aged 35-65+

## Frequently Asked Questions

Today's podiatrists are specialists, medically and surgically trained to treat the foot and ankle. From sports injuries and diabetes complications to pediatric deformities and heel pain, podiatrists are able to tackle all of your foot care needs. Licensed in all 50 states, the District of Columbia and Puerto Rico, there are approximately 15,000 podiatrists practicing in the United States. Here are answers to frequently asked questions (FAQs) about today's podiatrists.

### **Q. What is the difference between a podiatrist, podiatric physician, and podiatric surgeon?**

**A.** Podiatrists, podiatric physicians, and podiatric surgeons are all terms used to describe doctors of podiatric medicine (DPMs). All are uniquely qualified among medical professionals to treat the foot and ankle based on their education, training, and experience. The amount and type of surgical procedures performed by podiatrists may vary based on each individual's training and experience and personal choice within their practice.

### **Q. What type of medical education do DPMs receive?**

**A.** DPMs receive medical education and training comparable to medical doctors or doctors of osteopathic medicine, including four years of undergraduate education, four years of graduate education at one of nine podiatric medical colleges, and two or three years of hospital-based post-graduate residency training.

### **Q. Are podiatrists restricted to treating the foot and ankle only?**

**A.** Although a podiatrist's scope of practice can vary from state to state, all states permit treatment of the foot, while 44 states also permit treatment at or above the ankle.

### **Q. Do podiatrists encounter patients with serious illnesses?**

**A.** On a daily basis, podiatrists treat foot and ankle conditions of patients with chronic illnesses such as diabetes, arthritis, obesity, heart disease, and peripheral arterial disease. These illnesses can lead to serious foot and ankle problems. With proper treatment from a podiatrist, more serious complications may be avoided.

### **Q. Do podiatrists have areas of specialty in which they focus?**

**A.** Within the field of podiatric medicine and surgery, podiatrists can focus on specialty areas such as surgery, sports medicine, biomechanics, geriatrics, pediatrics, orthopedics, or primary care.

### **Q. Do podiatrists accept health insurance?**

**A.** Foot and ankle services provided by podiatrists are usually covered by health insurance plans and most podiatrists participate in private and public health insurance plans. However, not all podiatrists accept all insurance plans. To find out if your health insurance plan is accepted, contact the podiatrist's office in advance. Also, check with your health insurance company regarding the foot and ankle services covered under your plan.

### **Q. How do I find a qualified podiatrist?**

Visit [www.apma.org/findapodiatrist](http://www.apma.org/findapodiatrist) to locate a podiatrist in your area by city or zip code.

# Exhibit Q

# Welcome!

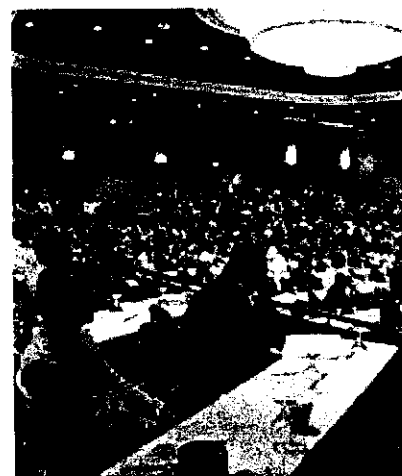
**2010 Western Podiatric Medical Congress**

**June 24-27, 2010**

**Disneyland Resort Hotel & Convention Center  
Anaheim, CA**

**PRE-REGISTRATION HAS ENDED. REGISTER ON-SITE AT  
THE 2010 WESTERN!**

The 2009 Western Podiatric Medical Congress was an unqualified success thanks to all of the sponsors, exhibitors and attendees! We are looking forward to presenting an even more successful meeting in 2010.



## **California Podiatric Medical Association**

[acarrick@podiatrists.org](mailto:acarrick@podiatrists.org)

2430 K Street, Suite 200

Sacramento, CA 95816

(916) 448-0248

(916) 448-0258 (Fax)



# Scientific Objectives

## *By attending this program, Attendees will:*

- Become aware of new approaches and theories of biomechanics through clinically relevant scenarios as well as gain an appreciation for orthotic therapy in patients with difficult pathology of the flatfoot and high arched foot caused by a variety of etiologies.
- Understand and appreciate the latest in sports medicine from the effects of pathology proximal to the ankle to the effects of orthotics use in athletes. Participants should also become more aware of particular sports injuries and new and innovative evaluation and treatment options, including the role of radiographic techniques in the athlete.
- Become aware of the newest guidelines and meaningful use definitions regarding E-prescribing and EMR while becoming aware of best practices for implementation of E-prescribing and EMR.
- Better understand how to maintain best practices through the presentation of surgical complications and complications from challenging cases that are presented to a panel of top surgeons and attorneys for advice and critique.
- Gain insight into proper treatment options for a variety of topics from the efficacy and safety of NSAIDs to dealing with challenging pain patients from post-operative management to the chronic pain patient.
- Learn about the latest in the evaluation and management of non-unions. The latest in bone graft technology will be presented for increased awareness and knowledge in the newest techniques.
- Better understand the medical surgical treatment options and commonly considered best practices for controversial topics involving the first ray from bunions to hallux rigidus and procedures such as arthroplasty and fusions.
- Gain a better appreciation for different opinions and techniques regarding challenging rearfoot and ankle surgical topics such prophylactic surgery, cartilagenous defect repair, absorbable fixation and second MTP joint instability.
- Learn about the evaluation of the chronic wound and better understand the role of the soft tissue, bone and treatment options for such a problem.
- Increase awareness and knowledge of medical and pharmacologic assessment and management of Diabetes mellitus and osteomyelitis, which includes radiographic assessment and the evidence regarding the best practices in osteomyelitis management.
- Understand the pathophysiology of PAD including the anatomy of arterial circulation, significance of biochemical markers, mechanism of endothelial cell dysfunction and differential diagnosis of PAD and chronic limb ischemia.
- Understand how PAD is best evaluated and diagnosed, including the specificity of noninvasive evaluation of PAD with the ABI, and to become familiar with the various testing modalities to aid in the diagnosis of PAD.
- Understand the epidemiology and impact of peripheral arterial disease, specifically in individuals with diabetes.
- Recognize the significance of PAD as an atherosclerotic occlusive disease of the lower extremities that is also a marker for atherothrombotic disease in other vascular beds, and is associated with considerable morbidity and mortality.
- Understand the medical and surgical treatment options for PAD.
- Become familiar with the concept of a team module approach to treating patients with PAD including the collaborative care model with the integration of electronic health records and the value to patients when podiatric physicians are an active participant in their treatment team.
- Be able to discuss the malpractice theory of liability, failure to timely refer.
- Be able to identify situations in which referrals are indicated.
- Be able to implement measures to optimize the referral process in their own practices.
- Be able to appropriately document patient referrals and consultations in patient medical records.

## **California Podiatric Medical Association**

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# Exhibit R

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

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# PERFORMANCE APPRAISAL

FOR

# EXECUTIVE OFFICER

*Prepared by*  
**Department of Consumer Affairs**  
**Office of Human Resources**  
**1625 N. Market Blvd. Suite N-321**  
**Sacramento, CA 95834**

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Revised 1/09

STATE OF CALIFORNIA



DEPARTMENT OF CONSUMER AFFAIRS

**Executive Officer  
PERFORMANCE APPRAISAL**

**BOARD OF \_\_\_\_\_**

**Name of EO: \_\_\_\_\_ Date of Report: \_\_\_\_\_**

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**INSTRUCTIONS**

1. The Performance Appraisal process system is based on the principle that performance should be evaluated on a regular basis in order to provide recognition of effective performance and as a tool to provide guidance in improving future performance.
2. The Performance Appraisal may also be used relative to salary issues. For example, when a General Salary Increase is approved by the Governor and the Legislature, or if the Executive Officer is not at the maximum range of salary, the Board may be empowered to grant a pay-for-performance (PFP) salary increase for the Executive Officer. To qualify for such increases, the Executive Officer must meet performance expectations, as determined by the Board. This form can thus also document the Board's recommendation to grant or deny a salary increase.
3. To indicate the rating of any performance factor, an "X" mark should be placed in the appropriate rating column and in the "Overall Rating" column on each page. Additional spaces have been provided to accommodate other critical performance factors identified by the Board.
4. Comments to the Executive Officer should:
  - include factual examples of work especially well or poorly done, and
  - give suggestions as to how performance can be improved.
5. The Overall Ratings must be consistent with the factor ratings and comments, but there is no prescribed formula for computing the overall rating.
6. Overall Comments may consist of a summary of comments from specific categories, general comments or comments on other job-related factors which the rater wishes to discuss. Additional pages may be attached.
7. The Rater (Board President, or designee) will discuss the appraisal with the Executive Officer and give him or her a copy. In signing the appraisal, the Executive Officer merely acknowledges that s/he has seen the appraisal and has discussed it with the rater. His/her signature does not indicate agreement with the ratings or comments.
8. The original copy of the appraisal will be maintained by the Department of Consumer Affairs, in the Executive Officer's Official Personnel File.



## EXECUTIVE OFFICER PERFORMANCE APPRAISAL RATING SYSTEM

The rating system consists of five (5) Ratings Categories, as defined below:

### *Outstanding*

Performance significantly exceeds the Board's expectations due to the efforts and ability of the employee when considering the job in its entirety. Significantly above-standard performance may be exhibited by consistently completing assignments in advance of deadlines; implementing plans and/or procedures to increase efficiency or effectiveness of work; working independently with little direction; and consistently meeting Board goals.

### *Above Average*

Performance exceeds the Board's expectations due to the efforts and ability of the Executive Officer when considering the job in its entirety. Performance is beyond what is expected of an Executive Officer in this position.

### *Average*

Performance of the Executive Officer meets the minimum expectations of the Board. The Executive Officer adequately performs the duties and responsibilities of the position.

### *Needs Improvement*

The Executive Officer's performance fails to meet the Board's minimum expectations due to lack of effort and/or ability when considering the job in its entirety. Performance requires improvement in numerous and/or important aspects of the position.

### *Not Applicable*

Rater is unable to assess the Executive Officer in this area, or the area is not applicable to the employee's job.

**Executive Officer  
PERFORMANCE APPRAISAL**

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**OVERALL RATING**

The overall rating must be consistent with the factor rating and comments, but there is no prescribed formula for computing the overall rating. The rating system is described on page 2.

- OUTSTANDING**
  
  - ABOVE AVERAGE**
  
  - AVERAGE**
  
  - NEEDS IMPROVEMENT**
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**OVERALL COMMENTS** *(Attach additional pages, if necessary)*

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**I HAVE PARTICIPATED IN A DISCUSSION OF OVERALL JOB PERFORMANCE**

Signature of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Rater: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Salary Increase recommendation (if applicable):

No increase \_\_\_\_\_ % Increase



**Executive Officer  
PERFORMANCE APPRAISAL**

Performance Factor		Ratings				
1. Relationship with the Board		Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Maintains respect and trust of Board members.					
2	Provides Board with advice during consideration of issues.					
3	Keeps Board informed of progress of Board programs on a regular basis.					
4	Remains impartial and treats all Board members in a professional manner.					
5	Functions as effective liaison between Board and Board Staff.					
6	Provides Board with complete, clear, and accurate reports, minutes, etc.					
7	Responds promptly to requests for information.					
8	Is readily available to Board members.					
9	Responds to constructive suggestions or criticism.					
	<b>OVERALL RATING: Relationship with the Board</b>					

**Comments:** (Attach additional pages, if necessary)

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**Executive Officer  
PERFORMANCE APPRAISAL**

Performance Factor		Ratings				
2. Execution of Board Policy		Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Understands and compiles with the overall policies, laws and regulations of the Board.					
2	Implements Board policies.					
3	Efforts lead toward successful accomplishment of goals.					
	<b>OVERALL RATING: Execution of Board Policy</b>					

**Comments:** (Attach additional pages, if necessary)

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**Executive Officer  
PERFORMANCE APPRAISAL**



Performance Factor		Ratings				
3. Board Programs		Outstanding	Above Average	Average	Needs Improvement	Not Applicable
1	Ensures effective and efficient management of enforcement programs.					
2	Keeps Board apprised of enforcement program and process developments.					
3	Maintains security of examination process.					
4	Monitors validity/defensibility of examinations and provides appropriate recommendations for action.					
5	Monitors and identifies trends in candidate qualifications, pass/fail rates, etc.					
6	Resolves problems which arise in the exam process.					
7	Keeps Board apprised of exam program and process developments.					
8	Keeps Board apprised of licensing program and process developments.					
<b>OVERALL RATING: Board Programs</b>						

**Comments:** (Attach additional pages, if necessary)

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**Executive Officer**  
**PERFORMANCE APPRAISAL**

Performance Factor Ratings

	<b>4. Governmental Relations</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
<b>1</b>	Maintains an effective relationship with the Director and executive staff. Keeps the Director informed of Board accomplishments, issues, and problems. Seeks guidance, direction and input on sensitive and important matters.					
<b>2</b>	Maintains a positive working relationship with other State Agencies.					
<b>3</b>	Manages Board legislative program and efforts. Advises the Department of legislative proposals that are being considered for sponsorship.					
<b>4</b>	Manages sunset review process.					
<b>5</b>	Acts a liaison and participates in national organizations, federations or alliances.					
<b>6</b>	Represents the Board before the Legislature.					
	<b>OVERALL RATING: Governmental Relations</b>					

**Comments:** (Attach additional pages, if necessary)

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**Executive Officer**  
**PERFORMANCE APPRAISAL**

Performance Factor

Ratings

	<b>5. Administrative Functions</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
1	Plans, organizes and directs Board administrative functions and staff.					
2	Provides oversight, direction and management of the Board's annual budget, expenditures and revenues.					
3	Keeps Board apprised of budget developments.					
4	Identifies, recommends and, as directed, seeks necessary changes to laws and regulations through proposed legislation and/or the OAL.					
5	Ensures compliance and enforcement of departmental, state and federal policies and procedures.					
6	Develops and executes sound personnel practices and procedures.					
	<b>OVERALL RATING: Administrative Functions</b>					

**Comments:** (Attach additional pages, if necessary)

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**Executive Officer**  
**PERFORMANCE APPRAISAL**

**Performance Factor**

**Ratings**

	<b>6. Public Liaison and Media Relations</b>	<b>Outstanding</b>	<b>Above Average</b>	<b>Average</b>	<b>Needs Improvement</b>	<b>Not Applicable</b>
1	Represents the Board before the public					
2	Directs consumer outreach programs.					
3	Manages Board's public relations effort. Responds to media inquiries and provides interviews consistent with Board and DCA policies. Handles problems and crisis reporting with the media, while considering the effect on the Department and Governor's Office. Communicates newsworthy items to the Department.					
4	Directs liaison with educational institutions.					
5	Solicits and gives attention to problems and opinions of all groups and individuals.					
6	Represents the Board before industry associations to provide information regarding the Board's laws, regulations, programs and policies.					
	<b>OVERALL RATING: Public Liaison</b>					

**Comments:** (Attach additional pages, if necessary)

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