



Updated: June 2012

MULTNOMAH COUNTY OREGON

INTEREST FORM FOR CITIZEN ADVISORY BOARDS AND COMMISSIONS

In order to assess qualifications for appointment, it is important to fill out this form as completely as possible. You are encouraged to attach or enclose supplemental information or a resume detailing your involvement in volunteer activities, public affairs, civic services, published writing, affiliations, etc.

Please list in order of priority any Multnomah County Board or Commission on which you would be interested in serving: *Contract Compliance and Rate Regulation Committee*

Name: Patrick Pangburn

Address (including ZIP): 2532 NE Stanton St, Portland OR 97212

Are you a resident of Multnomah County? Yes: XX No:

Employer: retired from OHSU

Are you employed in Multnomah County? I was, not now.

Occupation: Nursing Division Director for Respiratory Therapy, Clinical Neurophysiology and Hospital Transportation Departments

E-Mail: patrickpangburn@q.com

Volunteer/Committee/Board Experience: Chair, Hospital Resuscitation Committee. Chair, Hospital Critical Care Committee. Chair: Interdisciplinary Documentation Advisory Committee. Member: Hospital Regulatory Readiness Committee. Oregon Society for Respiratory Care (served as president, treasurer and regional director).

Please list names, address and telephone numbers of two people who may be contacted as personal references:

Loretta M (Retty) Casey RN, BSN, MPA:HA
Vice President for Nursing Transformation and Innovation
NYU Langone Medical Center
New York, NY
431 East 20th Street
Apt 09-A
New York, NY 10010
cell: 503-380-5692

Judi Workman MS, RN, NEA-BC
Nursing Division Director, Emergency/Critical Care/Oregon Poison Center
Oregon Health & Sciences University
3181 SW Sam Jackson Park Road
Portland OR 97239
503 494-5439

List any potential conflicts of interests between private life and public service which might result from service on a Citizen Advisory Board or Commission: none

Affirmative Action Information (Optional)

Sex/Racial Ethnic Background: male/caucasian

Birth Date: 08/08/1950

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my appointment to a board/commission, may result in my dismissal.

Signature:

Patrick Parr

Date:

August 17, 2022

RETURN COMPLETED FORM TO: Emergency Medical Services
Multnomah County Health Department
426 SW Stark Street, 7th Floor
Portland, Oregon 97204
Contact: 503-988-3220
FAX: 503-988-4017
Email: mary.c.orr@multco.us