CITY OF RENO BOARD OR COMMISSION MEMBERSHIP APPLICATION

Please be advised that all information contained in this application is part of the City of Reno's public record and is, upon request, available for public review. These positions are limited, in most cases, to residents of the City of Reno. The City Council makes a conscientious effort to appoint persons who represent all of the various communities within the City of Reno. Please be advised that certain boards and commissions require filing of financial statements with the Secretary of State or have special requirements. Contact the City Clerk's office at 334-2030 with any questions.

Name: Ron M. Aryel, M.D., M.B.A			
Name of Board or Commission	on for which	you would like	e to apply:
The Board of Health			
Home Address:			
Address: 35 Livermore Drive			
City: Reno	State: Nevada 7in		7in: 89519-2122
Home Phone: 816-769-3583 cell		State: Nevada Zip: 89519-2122 E-mail: ron@renocenterforhealth.com	
Occupation and Business Ad	ldress:		
Job Title: Physician, Consultant and M			
Business Name: Duck Pond Investry Address: 35 Livermore Drive	nents		
City: Reno			
-	_ State: NV		Zip: 89519-2122
Business Phone: 816-769-3583		E-mail: ron@re	nocenterforhealth.com
Preferred Contact: If appoin	ited, the ad	dress, phone n	number and e-mail address you
wish to use for your contact in	formation.	1	you
Address: 35 Livermore Drive			
City: Reno (see attached)	State: NV		7' 90540 2420
Phone: 816-769-3583	_ 5	F-mail: ron@r	Zip: 89519-2122 enocenterforhealth.com
		L-man.	chocchteriornealth.com
How long have you been a resi	dent of the	City of Reno? F	Reno Resident from 2008-2014
Are you currently registered to	vote in the	City of Reno?	Yes: No: x

Have you ever bee violations?	n convicted of a felo	ny or misdemeano Yes	or other than minor tra	affic
If yes, please list cor	nviction dates and natur	re:		
,	adics, 1303, OCLA		o which you are applyi	ing:
Professional Certificate	e, Applications Programn	ning, UCLA Extension	1, 1985	
M.D., Drexel University	College of Medicine, Pr	iladelphia PA 1993	,, 1000	
M.B.A. (Phi Kappa Phi	honors), University of So	outh Florida 2000		
		101144 2000		
The Northern Nevada Health D	District plays a crucial role in prom	oting the health of the resider	ard or commission. Ple	60
by using science and statist	tics to create sound policy and	effective public protection	through testing vaccinations	
and supervision or eating es	stablishments. The health dep	partment saved many lives	s during the pandomic Lucat	4_
help move the Department	forward, and enhance its capa	bilities, while representing	g the best interests of the City of	
Reno and answering to the M	Mayor and City Council; I want	citizens of Reno to have ef	fective and ethical representation)I
on this Board. I want to brin	ig the best and most up to dat	e science to the Board, an	nd help the Department apply it	nc —
in ways residents and visito	rs alike can understand. The	pandemic has shown us the	hat effective, timely surveillance	-
and disease detection are c	rucial, and I want to help the D	enartment continue to be	vet many surveillance	<u>e</u>
I have attached a separate s	statement of my background a	and experience	yet more effective in a crisis.	
	- State of the background a	ind experience.		
				_
I certify that, to the be true. If the information	est of my knowledge, th	e information I prov	vided in the application all be sufficient cause f	is
disqualification or re	emoval If appointed	I garage to attend	ut de sujficient cause f a board or commissie	or
orientation session if	annlicable within six	n agree to attena	a board or commission	on
failure to comply with	this requirement will	monins of my appoi	intment. I understand th	ıat
or commission.	this requirement will	result in automatic	removal from the boa	rd
Signature:	1/ /	Date	110/2023	
	11	Duie	/	

Please Return the Application To: City Clerks' Office, P.O. Box 7, Reno, NV 89504 Fax: 775-334-2432 e-mail: <u>CityClerk@reno.gov</u>

This document is part of the public record of the City of Reno and is available for public review.

WAIVER OF NOTICE REQUIRED UNDER NRS 241.033(1) TO ALLOW CITY COUNCIL TO CONSIDER CHARACTER, MISCONDUCT, OR COMPETENCE OF PERSON TO BE APPOINTED TO A BOARD, COMMISSION, OR OTHER PUBLIC BODY FOR THE CITY OF RENO

The City Council for the City of Reno will be considering on a future posted agenda your appointment to a board, commission or other public body for the City of Reno. Pursuant to NRS 241.033(1), in order to consider the professional competence of an applicant, notice need be provided to that person of the time and place of the meeting in compliance with such statutory provisions.

By signing below, it is confirmed that I have been provided notice of the meeting at which my appointment will be considered by City Council. Further, I knowingly and voluntarily am waiving my rights to all written notice requirements under NRS 241.033(1) pertaining to my qualifications, competence, and character to hold this appointment and consent to the evaluation of my character and competence by the Reno City Council in a public meeting.

Further, the undersigned acknowledges that he may at any time withdraw both this waiver and related application for appointment.

Dated this 2 day of $20 23$
Name of Board, Commission or Other Public Body to which the undersigned is seeking
City Council's consideration: The Board of Health
(Board/Commission/Public Body)
Signature of Applicant:
By: Ron M. Aryel
(Printed Name of Applicant)